

65

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

JOB NAME

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

Use website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

NOTE: If this should change prior to completion of the project, it is your responsibility to have a corrected form submitted to our office, before that work has begun.

Violations will result in stop work orders and/or fines.

ELECTRICAL <input type="checkbox"/> CC# 811	Print Name <u>RYAN BEVILLE</u> Signature <u>[Signature]</u> Company Name: <u>RBI ELECTRICAL Contracting</u> License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	Need Uc Uab W/C EX DE
MECHANICAL/ A/C <input type="checkbox"/> CC# 1317	Print Name <u>Bryan Bounds</u> Signature <u>[Signature]</u> Company Name: <u>Bounds Heating & Cooling</u> License #: <u>CAC1815198</u> Phone #: <u>352-472-2761</u>	Need Uc Uab W/C EX DE
PLUMBING/ GAS <input type="checkbox"/> CC# 623	Print Name <u>MARK GANSKOP</u> Signature <u>[Signature]</u> Company Name: <u>Express Plumbing</u> License #: <u>EC1428040</u> Phone #: <u>386-867-0269</u>	Need Uc Uab W/C EX DE
ROOFING <input type="checkbox"/> CC# 1129	Print Name <u>[Signature]</u> Signature <u>[Signature]</u> Company Name: <u>Mac Johnson Roofing</u> License #: <u>CC1305497</u> Phone #: _____	Need Uc Uab W/C EX DE
SHEET METAL <input type="checkbox"/> CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Uc Uab W/C EX DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Uc Uab W/C EX DE
SOLAR <input type="checkbox"/> CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Uc Uab W/C EX DE
STATE SPECIALTY <input type="checkbox"/> CC#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Uc Uab W/C EX DE

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ELECTRICAL =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
MECHANICAL/A/C X =	Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u> Company Name: <u>Epic A/C Service</u> License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	Need = Lic = Liab = W/C = EX = DE
PLUMBING/GAS =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
ROOFING =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
SHEET METAL =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
FIRE SYSTEM/SPRINKLER =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
SOLAR =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = Lic = Liab = W/C = EX = DE
STATE SPECIALTY =	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need = L = L = V = I = I

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ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature <u>[Signature]</u> Company Name: <u>RWL Roofing LLC</u> CC# _____ License #: <u>1328590</u> Phone #: <u>386-623-0128</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE