

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 59012 JOB NAME Varner

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

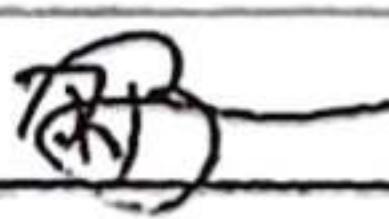
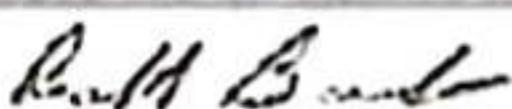
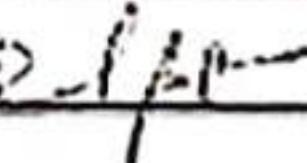
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

*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	Print Name <u>Ryan Beville</u>	Signature 	Need - Lic - Liab - W/C - Ex - DE
CC# <input type="checkbox"/>	Company Name: <u>RBI Electrical Contracting LLC</u>		
MECHANICAL/	Print Name <u>Robert Bounds</u>	Signature 	Need - Lic - Liab - W/C - Ex - DE
A/C <input type="checkbox"/>	Company Name: <u>Bounds Heating &amp; Air</u>		
CC# <input type="checkbox"/>	License #: <u>FC13004236</u>	Phone #: <u>(352) 514-3882</u>	
PLUMBING/	Print Name <u>Cody Barrs</u>	Signature 	Need - Lic - Liab - W/C - Ex - DE
GAS <input type="checkbox"/>	Company Name: <u>Barrs Plumbing, Inc.</u>		
CC# <input type="checkbox"/>	License #: <u>CAC057642</u>	Phone #: <u>(352) 472-2761</u>	
ROOFING	Print Name <u>David Pabst</u>	Signature 	Need - Lic - Liab - W/C - Ex - DE
CC# <input type="checkbox"/>	Company Name: <u>Whittle Roofing Company</u>		
SHEET METAL	Print Name <u></u>	Signature <u></u>	Need - Lic - Liab - W/C - Ex - DE
CC# <input type="checkbox"/>	Company Name: <u></u>		
	License #: <u></u>	Phone #: <u></u>	
FIRE SYSTEM/	Print Name <u></u>	Signature <u></u>	Need - Lic - Liab - W/C - Ex - DE
SPRINKLER <input type="checkbox"/>	Company Name: <u></u>		
CC# <input type="checkbox"/>	License #: <u></u>	Phone #: <u></u>	
SOLAR	Print Name <u></u>	Signature <u></u>	Need - Lic - Liab - W/C - Ex - DE
CC# <input type="checkbox"/>	Company Name: <u></u>		
	License #: <u></u>	Phone #: <u></u>	
STATE <input type="checkbox"/>	Print Name <u></u>	Signature <u></u>	Need - Lic - Liab - W/C - Ex - DE
SPECIALTY	Company Name: <u></u>		
CC# <input type="checkbox"/>	License #: <u></u>	Phone #: <u></u>	