

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 54131

JOB NAME FY006

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"/>	Print Name <u>Lyndon Rainbolt</u> Signature <u>Lyndon Rainbolt</u>	Head Lic Lab W/C EX OE
CC#	Company Name: <u>Rainbolt Tech Services</u> License #: <u>EC13001835</u> Phone #: <u>386 755 5079</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name <u>Derrick Williams</u> Signature <u>Derrick Williams</u>	Head Lic Lab W/C EX OE
CC#	Company Name: <u>DL WILLIAMS HEATING AND COOLING LLC</u> License #: <u>CAC1816913</u> Phone #: <u>386 754 1987</u>	
PLUMBING/ GAS <input type="checkbox"/>	Print Name <u>Paul Coleman</u> Signature <u>Paul Coleman</u>	Head Lic Lab W/C EX OE
CC#	Company Name: <u>Coleman Plumbing</u> License #: <u>CFC1425624</u> Phone #: <u>352 472 4114</u>	
ROOFING <input type="checkbox"/>	Print Name <u>DUSTIN ESTEP</u> Signature <u>Dustin Estep</u>	Head Lic Lab W/C EX OE
CC#	Company Name: <u>Performance</u> License #: <u>CCC1330971</u> Phone #: <u>352-989-6172</u>	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Head Lic Lab W/C EX OE
CC#	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Head Lic Lab W/C EX OE
CC#	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Head Lic Lab W/C EX OE
CC#	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input checked="" type="checkbox"/>	Print Name <u>William Adams</u> Signature <u>William Adams</u>	Head Lic Lab W/C EX OE
CC#	Company Name: <u>Adams Homes</u> License #: <u>CRC1330146</u> Phone #: <u>352 554-8580</u>	