

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Crosby Residence - Sparks

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>Ben Sparks</u>	Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>2148</u>	Company Name: <u>Barrs Plumbing Line Electric</u>	Phone #: <u>786.361.0046</u>	
	License #: <u>EC13009101</u>		
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Stephen Briggs</u>	Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>2290</u>	Company Name: <u>Epic AC</u>	Phone #: <u>786.608.7707</u>	
	License #: <u>CAC1819412</u>		
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Barrs Plumbing + Gas</u>	Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>0715</u>	Company Name: <u>Barrs Plumbing + Gas</u>	Phone #: <u>786.752.8656</u>	
	License #: <u>CFC1427145</u>		
ROOFING <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u>	Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>0813</u>	Company Name: <u>RWL Roofing, LLC</u>	Phone #: <u>786.755.6439</u>	
	License #: <u>CCC1328590</u>		
SHEET METAL <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
SOLAR <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
STATE SPECIALTY <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		

Ref: F.S. 440.103; ORD. 2016-30