

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME RFJ Building

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 ☐ CC# _____	Print Name <u>Matt Burns</u> Signature _____ Company Name: <u>Burns Electrical Services</u> License #: <u>EC13006531</u> Phone #: <u>386-935-0444</u>	Verified by pdfFiller <u>Matt Burns</u> 05/19/2022	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐ CC# _____	Print Name <u>Richard M Touchstone</u> Signature _____ Company Name: <u>Touchstone Heat & Air</u> License #: <u>CAC058099</u> Phone #: <u>386-496-3467</u>	Verified by pdfFiller <u>Richard M Touchstone</u> 05/19/2022	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐ CC# _____	Print Name <u>Don Bills</u> Signature _____ Company Name: <u>Hometown Plumbing</u> License #: <u>CFC1428890</u> Phone #: <u>386-754-6140</u>	Verified by pdfFiller <u>Don Bills</u> 05/19/2022	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# _____	Print Name <u>Blake N Lunde II</u> Signature _____ Company Name: <u>Blake Roofing Inc</u> License #: <u>CCC1331699</u> Phone #: <u>386-754-5810</u>	Verified by pdfFiller <u>Blake N Lunde II, President</u> 05/19/2022	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____		Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE