

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

48416

JOB NAME

Thomas & Arica Bullock

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 checked="" type="checkbox"/>	Print Name <u>Ryan Felkner</u> Signature <u>[Signature]</u>	Need - Lic - Lab - W/C - EX - DE
CC# <u>1057</u>	Company Name: <u>Felkner Electric Inc</u> License #: <u>EC 13003153</u> Phone #: <u>352-318-8796</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Kenneth Roder</u> Signature _____	Need - Lic - Lab - W/C - EX - DE
CC# _____	Company Name: <u>Epic A/C Services</u> License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
CC# _____	Company Name: <u>Plumbing Now</u> License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature _____	Need - Lic - Lab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Lab - W/C - EX - DE
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MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Kenneth Roder</u> Signature _____ Company Name: <u>Epic A/C Services</u> License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	Need - Lic - Liab - W/C - EX - DE
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>KENNETH ROCKE</u> Signature <u>Ken Roche</u> Company Name: <u>Plumbing Now</u> License #: <u>CFC 1428527</u> Phone #: <u>755 9243</u>	Need - Lic - Liab - W/C - EX - DE
ROOFING <input type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE

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ELECTRICAL <input type="checkbox"/>	Print Name _____ Company Name: <u>Felkner Electric, Inc</u> License #: _____ Phone #: _____	Signature _____ Signature _____ Signature _____ Signature _____	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 <u>Kenneth Roder</u> Company Name: <u>Epic A/C Services</u> License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	Signature _____ Signature _____ Signature _____ Signature _____	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 _____ Company Name: <u>Plumbing Now</u> License #: _____ Phone #: _____	Signature _____ Signature _____ Signature _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Ralph Laverdure</u> Company Name: <u>BWL Roofing</u> License #: <u>CCC1328590</u> Phone #: <u>386-623-0178</u>	Signature <u>Ralph Laverdure</u> Signature _____ Signature _____ Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____ Signature _____ Signature _____ Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____ Signature _____ Signature _____ Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____ Signature _____ Signature _____ Signature _____	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 _____ Company Name: _____ License #: _____ Phone #: _____	Signature _____ Signature _____ Signature _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE