

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

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>Lynn Rainbolt</u> Signature <u>[Signature]</u> Company Name: <u>RAINBOLT TECH SERVICES</u> License #: <u>EC13001833</u> Phone #: <u>386-867-1004</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐	Print Name <u>Ron Dapham</u> Signature <u>[Signature]</u> Company Name: <u>ADVANTAGE AIR</u> License #: <u>CAC 1815074</u> Phone #: <u>386-205-6131</u>	Need ☐ Lic ☒ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐	Print Name <u>Mark Ganskop</u> Signature <u>[Signature]</u> Company Name: <u>EXPRESS Plumbing</u> License #: <u>CFC 1428040</u> Phone #: <u>386-623-0269</u>	Need ☒ Lic ☒ Liab ☒ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name <u>David Singue</u> Signature <u>[Signature]</u> Company Name: <u>SINGUE CONSTRUCTION LLC</u> License #: <u>CC 1516165</u> Phone #: <u>386-867-0294</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE