SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # __47213__   JOB NAME __Rendek - New Home__

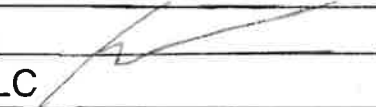## THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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.

Trade	Details		Need
ELECTRICAL ☐	Print Name **Ryan Beville** Signature		☐ Lic ☐ Liab ☐ W/C
	Company Name: **RBI Electrical Contracting, LLC**		
CC#_____	License #: **EC13004236** Phone #: **(352) 339-0369**		☐ EX ☐ DE
MECHANICAL/ A/C ☐	Print Name **Robert Bounds** Signature *Robert Bounds*		☐ Lic ☐ Liab ☐ W/C
	Company Name: **Bounds Heating & Air, Inc.**		
CC#_____	License #: **CAC057642** Phone #: **(352) 472-2761**		☐ EX ☐ DE
PLUMBING/ GAS ☐	Print Name **Nate Bazinet** Signature		☐ Lic ☐ Liab ☐ W/C
	Company Name: **Sunshine Plumbing & Gas, LLC**		
CC#_____	License #: **CFC1427687** Phone #: **(352) 339-5791**		☐ EX ☐ DE
ROOFING ☐	Print Name **William 'Bill' Duffield** Signature		☐ Lic ☐ Liab ☐ W/C
	Company Name: **Duffield Home Improvement**		
CC#_____	License #: **CCC1325785** Phone #: **(352) 375-7008**		☐ EX ☐ DE
SHEET METAL ☐	Print Name **N/A** Signature		☐ Lic ☐ Liab ☐ W/C
	Company Name:		
CC#_____	License #: Phone #:		☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name **N/A** Signature		☐ Lic ☐ Liab ☐ W/C
	Company Name:		
CC#_____	License#: Phone #:		☐ EX ☐ DE
SOLAR ☐	Print Name **N/A** Signature		☐ Lic ☐ Liab ☐ W/C
	Company Name:		
CC#_____	License #: Phone #:		☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name **N/A** Signature		☐ Lic ☐ Liab ☐ W/C
	Company Name:		
CC#_____	License #: Phone #:		☐ EX ☐ DE

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