

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Jones/Freeman Residence

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>Ben Sparks</u> Company Name: <u>Line Electric</u> CC# <u>2148</u>	Signature <u>[Signature]</u> 44E01EA4CF28400...	DocuSigned by: Ben Sparks	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐	Print Name <u>Stephan Brisbois</u> Company Name: <u>Epic AC</u> CC# <u>2090</u>	License #: <u>EC13009101</u> Phone #: <u>386-361-0046</u>	DocuSigned by: [Signature]	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐	Print Name <u>Cody Barr</u> Company Name: <u>Barrs Plumbing</u> CC# <u>0715</u>	License #: <u>CFC1427145</u> Phone #: <u>386-752-8656</u>	DocuSigned by: Cody Barrs	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name <u>Ralph Laverdure</u> Company Name: <u>RWL Roofing</u> CC# <u>0813</u>	License #: <u>CCC1328590</u> Phone <u>386-623-0178</u>	DocuSigned by: [Signature]	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Company Name: _____ CC# _____	Signature _____ License #: _____ Phone #: _____		Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Company Name: _____ CC# _____	Signature _____ License #: _____ Phone #: _____		Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Company Name: _____ CC# _____	Signature _____ License #: _____ Phone #: _____		Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Company Name: _____ CC# _____	Signature _____ License #: _____ Phone #: _____		Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE