

65

M 7 Butler Homes, LLC

49163

JOB NAME

Lot 64

The Oaks

AT THE CONTRACTOR'S

IF NO BILLS. & SUBMITTED & FOR A PERMIT WILL BE SUE

Columbia County issues combined permits. One permit will cover all trades doing work at the permitted site. It is the responsibility of the general contractor to make sure that all of the subcontractors are licensed with the Columbia County Building Department.

For website to confirm licenses: <http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx>

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Violations will result in stop work orders and/or fines.

ELECTRICAL CO# 811	Print Name: Ryan Beutle Signature: [Signature] Company Name: RBI Electrical Contractors LLC License #: EC 1300 4236 Phone #: 352-339-0369	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL CO#	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING CO#	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING CO#	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PAINTING CO#	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
LANDSCAPING CO#	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
POOL CO#	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

SUBCONTRACTOR VERIFICATION M F Butler Homes, LLC

APPLICATION/PERMIT # 49163 JOB NAME Lot 64 The Oaks

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ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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 checked="" type="checkbox"/>	Print Name <u>Clinton Wilson</u> Signature <u>Clinton Wilson</u> Company Name: <u>Wilson Heat & Air Inc</u> License #: <u>CAC057886</u> Phone #: <u>386-496-9000</u>	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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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APPLICATION/PERMIT #

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MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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 checked="" type="checkbox"/>	Print Name <u>James L Butler</u> Signature <u>James L Butler</u> Company Name: <u>Butler Plumbing of Gainesville Inc</u> CC# <u>429</u> License #: <u>CFC057960</u> Phone #: <u>352 472 3677</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	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 _____ Signature _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

LOCATION/PERMIT # 47163 JOB NAME Lot 64 m f Burton Homes LLC The Oaks

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ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Liab W/C EX DE
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Jeff Bokor</u> Signature <u>JMP Bokor</u> Company Name: <u>DWC Contracting LLC</u> License #: <u>CCC-1309756</u> Phone #: <u>352-3396387</u>	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