

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_

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

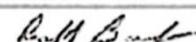
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

**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.

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|---|---|---|
| <b>ELECTRICAL</b><br><input type="checkbox"/>   | Print Name <u>Ryan Beville</u> Signature <br>Company Name: <u>RBI Electrical Contracting LLC</u><br>CC# _____<br>License #: <u>EC13004236</u> Phone #: <u>(352) 514-3882</u> | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>MECHANICAL/</b><br><input type="checkbox"/>  | Print Name <u>Robert Bounds</u> Signature <br>Company Name: <u>Bounds Heating &amp; Air</u><br>CC# _____<br>License #: <u>CAC057642</u> Phone #: <u>(352) 472-2761</u>        | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>PLUMBING/</b><br><input type="checkbox"/>    | Print Name <u>James Butler</u> Signature <br>Company Name: <u>Butler Plumbing of Gainesville</u><br>CC# _____<br>License #: <u>CFC057960</u> Phone #: <u>(352) 472-3677</u>  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>ROOFING</b><br><input type="checkbox"/>      | Print Name <u>Ben Keeler</u> Signature <br>Company Name: <u>Keeler Roofing</u><br>CC# _____<br>License #: <u>PCU1330509</u> Phone #: <u>352-514-4930</u>                    | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SHEET METAL</b><br><input type="checkbox"/>  | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____<br>License #: _____ Phone #: _____   | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>FIRE SYSTEM/</b><br><input type="checkbox"/> | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____<br>License #: _____ Phone #: _____   | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SPRINKLER</b><br><input type="checkbox"/>    | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____<br>License #: _____ Phone #: _____   | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SOLAR</b><br><input type="checkbox"/>        | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____<br>License #: _____ Phone #: _____   | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>STATE</b><br><input type="checkbox"/>        | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____<br>License #: _____ Phone #: _____   | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SPECIALTY</b><br><input type="checkbox"/>    | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____<br>License #: _____ Phone #: _____   | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |