

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 <input type="checkbox"/> CCH# 811	Print Name <u>RYAN BEVILLE</u> Signature <u>[Signature]</u> Company Name: <u>P.O.T. ELECTRICAL CONTRACTING</u> License #: <u>EC13004236</u> Phone #: <u>386 339 0360</u>	Need Uc Liab W/C EX DE
MECHANICAL/A/C <input type="checkbox"/> CCH# 1271	Print Name <u>BRYAN BOUNDS</u> Signature <u>[Signature]</u> Company Name: <u>BOUNDS HEATING & COOLING</u> License #: <u>CA1815118</u> Phone #: <u>352-470-2761</u>	Need Uc Liab W/C EX DE
PLUMBING/GAS <input type="checkbox"/> CCH# 623	Print Name <u>MARK GANSKOP</u> Signature <u>[Signature]</u> Company Name: <u>E. PRESS PLUMBING</u> License #: <u>CE11428040</u> Phone #: <u>386-867-0269</u>	Need Uc Liab W/C EX DE
ROOFING <input type="checkbox"/> CCH# 1129	Print Name <u>MAC SCHROEDER</u> Signature <u>[Signature]</u> Company Name: <u>MAC SCHROEDER ROOFING</u> License #: <u>CC13051477</u> Phone #: <u></u>	Need Uc Liab W/C EX DE
SHEET METAL <input type="checkbox"/> CCH#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Uc Liab W/C EX DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/> CCH#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Uc Liab W/C EX DE
SOLAR <input type="checkbox"/> CCH#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Uc Liab W/C EX DE
STATE SPECIALTY <input type="checkbox"/> CCH#	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Uc Liab W/C EX DE

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ELECTRICAL =	Print Name _____ Signature _____	Need = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
MECHANICAL/ A/C *	Print Name <u>Stephen Brisbois</u> Signature <u>[Signature]</u>	Need = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: <u>Epic A/C Service</u>	
	License #: <u>CAC1819412</u> Phone #: <u>386-623-1609</u>	
PLUMBING/ GAS =	Print Name _____ Signature _____	Need = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
ROOFING =	Print Name _____ Signature _____	Need = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
SHEET METAL =	Print Name _____ Signature _____	Need = Lic = Liab = W/C = EX = DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER =	Print Name _____ Signature _____	Need = Lic = Liab = W/C = EX = DE
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ELECTRICAL <input type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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 type="checkbox"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name Billy Rathel Signature <i>B. Rathel</i> Company Name: Five Star Plumbing Big Bend Inc License #: CFC1427547 Phone #: 850/590/2957	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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"/> CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> <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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MECHANICAL/ A/C <input type="checkbox"/>	CC# _____	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/ GAS <input type="checkbox"/>	CC# _____	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"/>	CC# _____	Print Name <u>Ralph Lavergne</u> Signature <u>[Signature]</u> Company Name: <u>RWL Roofing LLC</u> License #: <u>1328590</u> Phone #: <u>386-623-0128</u>	Need <input checked="" 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"/>	CC# _____	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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