## 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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| ELECTRICAL ☐ CC# _____ | Print Name Donald Hollingsworth Signature _____<br>Company Name: Holly Electric, Inc<br>License #: EC13005429 Phone #: 386-755-5944 | Need ☑ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| MECHANICAL/ A/C ☐ CC# _____ | Print Name Mark Lane/Anthony Franks Signature Mark Lane<br>Company Name: Lane heating and air<br>License #: CAC1818631 Phone #: 386-466-7514 | Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| PLUMBING/ GAS ☐ CC# CCC 715 | Print Name Cody Borrs Signature _____<br>Company Name: Borrs Plumbing<br>License #: CFC1427145 Phone #: 386-623-0509 | Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| ROOFING ☐ CC# 1328679 | Print Name Robert Oakes Jr Signature _____<br>Company Name: Oakes Roofing & Construction<br>License #: CCC 1328699 Phone #: 386-364-4838 | Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| SHEET METAL ☐ CC# _____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____ | Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| FIRE SYSTEM/ SPRINKLER ☐ CC# _____ | Print Name _____ Signature _____<br>Company Name: _____<br>License#: _____ Phone #: _____ | Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| SOLAR ☐ CC# _____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____ | Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| STATE SPECIALTY ☐ CC# _____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____ | Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |

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