

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME

Mitchell Pool

**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.

<b>ELECTRICAL</b>	Print Name: <u>Marc Matthews</u>	Signature:	<b>Need</b>
<input checked="" type="checkbox"/>	Company Name: <u>Matthews Electric</u>	Phone #: <u>(386) 344-2029</u>	<input type="checkbox"/> Lic
CC#	License #: <u>EC13005459</u>		<input type="checkbox"/> Lab
			<input type="checkbox"/> w/c
			<input type="checkbox"/> ex
			<input type="checkbox"/> DE
			<b>Need</b>
			<input type="checkbox"/> Lic
<b>MECHANICAL/</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> Lab
A/C <input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> w/c
CC#	License #: _____		<input type="checkbox"/> EX
			<input type="checkbox"/> DE
			<b>Need</b>
			<input type="checkbox"/> Lic
<b>PLUMBING/</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> Lab
GAS <input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> w/c
CC#	License #: _____		<input type="checkbox"/> ex
			<input type="checkbox"/> DE
			<b>Need</b>
			<input type="checkbox"/> Lic
<b>ROOFING</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> Lab
<input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> w/c
CC#	License #: _____		<input type="checkbox"/> EX
			<input type="checkbox"/> DE
			<b>Need</b>
			<input type="checkbox"/> Lic
<b>SHEET METAL</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> Lab
<input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> w/c
CC#	License #: _____		<input type="checkbox"/> EX
			<input type="checkbox"/> DE
			<b>Need</b>
			<input type="checkbox"/> Lic
<b>FIRE SYSTEM/</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> Lab
SPRINKLER <input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> w/c
CC#	License #: _____		<input type="checkbox"/> EX
			<input type="checkbox"/> DE
			<b>Need</b>
			<input type="checkbox"/> Lic
<b>SOLAR</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> Lab
<input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> w/c
CC#	License #: _____		<input type="checkbox"/> EX
			<input type="checkbox"/> DE
			<b>Need</b>
			<input type="checkbox"/> Lic
<b>STATE</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> Lab
<b>SPECIALTY</b> <input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> w/c
CC#	License #: _____		<input type="checkbox"/> EX
			<input type="checkbox"/> DE