

SUBCONTRACTOR VERIFICATION

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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 ☒	Print Name <u>GARRICK HELME</u> Signature <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: <u>HELME ELECTRIC INC</u> License #: <u>EC13005536</u> Phone #: <u>352-316-4185</u>	
MECHANICAL/ A/C ☐	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
PLUMBING/ GAS ☐	Print Name <u>Carl Hantzog</u> Signature <u>[Signature]</u>	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: <u>Hydro Fun Pools LLC</u> License #: <u>CPC1457126</u> Phone #: <u>352-215-5666</u>	
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
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY ☐	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	