

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 ☒	Print Name <u>Donald Hollingsworth</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>0037</u>	Company Name: <u>Holly Electric Inc</u> License #: <u>EC13005429</u> Phone #: <u>386-755-5944</u>	
MECHANICAL/A/C ☒	Print Name <u>JAN Touchton</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>1731</u>	Company Name: <u>Touchton's Heat + Air</u> License #: <u>CAC058747</u> Phone #: <u>386 362 4509</u>	
PLUMBING/GAS ☒	Print Name <u>Dan Bills</u> Signature <u>[Signature]</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>298</u>	Company Name: <u>HomeTown Plumbing Services</u> License #: <u>CFC1428890</u> Phone #: <u>386-754 6140</u>	
ROOFING ☒	Print Name <u>Mary Johnson</u> Signature <u>Mary Carol Johnson</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>001119</u>	Company Name: <u>RCRA JOHNSON</u> License #: <u>CCC1330073</u> Phone #: <u>386-755-2377</u>	
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 #: _____	