

# Subcontractor Verification Form

APPLICATION/PERMIT # 000050888 JOB NAME AGUDELO RESIDENCE

**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 Contractor's 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.

**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

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

MECHANICAL / A/C

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

PLUMBING / GAS

Printed Name: PHILLIP McDONALD Signature: [Signature]  
Company Name: PHILLIP McDONALD PLUMBING, INC Owner ☒  
License #: CFC 1428926 Phone #: 904-964-3731

**\* PLUMBING ROUGH ONLY \***

ROOFING

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

FIRE SYSTEM /  
SPRINKLER

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

SOLAR

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

STATE SPECIALTY

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner ☐  
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_