

Subcontractor Verification Form

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 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 <input type="checkbox"/> License #: _____ Phone #: _____
MECHANICAL / A/C	Printed Name: Clinton G. Wilson Signature: <i>Clinton G. Wilson</i> Company Name: Wilson Heat & Air Inc Owner <input type="checkbox"/> License #: CAC057886 Phone #: (386)496-9000
PLUMBING / GAS	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
ROOFING	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
FIRE SYSTEM / SPRINKLER	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
SOLAR	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____
STATE SPECIALTY	Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____

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ELECTRICAL

Printed Name: David P. Wood Signature: David P Wood Digitally signed by David P Wood
Date: 2026.03.26 15:28:04 -0400
Company Name: Wood's Electrical Services, Inc Owner
License #: EC 13002213 Phone #: 386 623 1132

MECHANICAL / A/C

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

PLUMBING / GAS

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

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 #: _____

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ELECTRICAL

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

MECHANICAL / A/C

Printed Name: _____ Signature: _____
Company Name: _____ Owner
License #: _____ Phone #: _____

PLUMBING / GAS

Printed Name: Mark Dawson Signature: [Signature]
Company Name: Paradise Plumbing Services Owner
License #: CFL 142 7245 Phone #: 386-288-6407

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 #: _____