

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.

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|------------------------------------|---|
| ELECTRICAL | Printed Name: <u>ROBERT FORD</u> Signature: _____ Company Name: <u>OWNER BUILDER</u> Owner <input checked="" type="checkbox"/> License #: <u>N/A</u> Phone #: <u>3868675175</u> |
| MECHANICAL / A/C | Printed Name: <u>ROBERT FORD</u> Signature: _____ Company Name: <u>OWNER BUILDER</u> Owner <input checked="" type="checkbox"/> License #: <u>N/A</u> Phone #: <u>3868675175</u> |
| PLUMBING / GAS | Printed Name: <u>ROBERT FORD</u> Signature: _____ Company Name: <u>OWNER BUILDER</u> Owner <input checked="" type="checkbox"/> License #: <u>N/A</u> Phone #: <u>3868675175</u> |
| ROOFING | Printed Name: <u>ROBERT FORD</u> Signature: _____ Company Name: <u>OWNER BUILDER</u> Owner <input checked="" type="checkbox"/> License #: <u>N/A</u> Phone #: <u>3868675175</u> |
| FIRE SYSTEM / SPRINKLER | Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____ |
| SOLAR | Printed Name: _____ Signature: _____ Company Name: _____ Owner <input checked="" type="checkbox"/> License #: _____ Phone #: _____ |
| STATE SPECIALTY | Printed Name: _____ Signature: _____ Company Name: _____ Owner <input type="checkbox"/> License #: _____ Phone #: _____ |