

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME Todd

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.columbiacountyfls.com/PermitSearch/Contractor-Search.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>Richard Turner</u> Signature <u>[Signature]</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Job <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Turner Electric</u>	
CC# _____	License #: <u>ES12000280</u> Phone #: <u>229-740-0188</u>	
MECHANICAL/ A/C	Print Name <u>Matt Green</u> Signature <u>[Signature]</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Job <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Green Sales & Services</u>	
CC# _____	License #: <u>CA1120394</u> Phone #: <u>386-792-1179</u>	
PLUMBING/ GAS	Print Name <u>Ronald Cochran</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Job <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Cochran Plumbing</u>	
CC# _____	License #: <u>CFC1429154</u> Phone #: <u>386-208-8080</u>	
ROOFING	Print Name <u>Patrick Jones</u> Signature <u>[Signature]</u>	Need <input checked="" type="checkbox"/> Lic <input checked="" type="checkbox"/> Job <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>Chris Mill Homes</u>	
CC# _____	License #: <u>CRC1332817</u> Phone #: <u>229-212-1100</u>	
SHEET-METAL-	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Job <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
FIRE-SYSTEM/ SPRINKLER	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Job <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
SOLAR	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Job <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
STATE- SPECIALTY	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Job <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	

Registration

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