

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
License #: _____ Phone #: _____

MECHANICAL / A/C

Printed Name: Richard Register Signature: [Signature]
Company Name: REGISTER'S HEATING & AIR Owner
License #: CAC041267 Phone #: 904-384-2862

PLUMBING / GAS

Printed Name: Cody Barrs Signature: [Signature]
Company Name: BARRS PLUMBING Owner
License #: CFC1427145 Phone #: 386-623-0509

ROOFING

Printed Name: Wallace Powell Signature: [Signature]
Company Name: POWELL & SONS ROOFING Owner
License #: CC-C057307 Phone #: 386-209-5198

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: Alaina Perry Signature: [Signature]
Company Name: North FL Maint. and Repair Services LLC Owner
License #: EC13014792 Phone #: (386)984-2607

MECHANICAL / A/C

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

PLUMBING / GAS

Printed Name: Marty Wood Signature: [Signature]
Company Name: Southern Quality Propane Owner
License #: LQ24 Phone #: 352-623-5498

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 #: _____