

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME Papka 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 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.columbiacountyfla.com/PermitSearch/ContractorSearch.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.

|  |   |                               |   |
|--|---|-------------------------------|---|
| <b>ELECTRICAL</b><br><input type="checkbox"/>            | Print Name: <u>Brian Papka</u><br>Company Name: _____ | Signature: <u>Brian Papka</u> | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____  | License #: _____                                      | Phone #: <u>386.965.8340</u>  |   |
| <b>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name: <u>Brian Papka</u><br>Company Name: _____ | Signature: <u>Brian Papka</u> | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____  | License #: _____                                      | Phone #: <u>Same</u>          |   |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name: <u>Brian Papka</u><br>Company Name: _____ | Signature: <u>Brian Papka</u> | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____  | License #: _____                                      | Phone #: <u>Same</u>          |   |
| <b>ROOFING</b><br><input type="checkbox"/>               | Print Name: <u>Brian Papka</u><br>Company Name: _____ | Signature: <u>Brian Papka</u> | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____  | License #: _____                                      | Phone #: <u>Same</u>          |   |
| <b>SHEET METAL</b><br><input type="checkbox"/>           | Print Name: _____<br>Company Name: _____              | Signature: _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____  | License #: _____                                      | Phone #: _____                |   |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/> | Print Name: _____<br>Company Name: _____              | Signature: _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____  | License #: _____                                      | Phone #: _____                |   |
| <b>SOLAR</b><br><input type="checkbox"/>                 | Print Name: _____<br>Company Name: _____              | Signature: _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____  | License #: _____                                      | Phone #: _____                |   |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/>       | Print Name: _____<br>Company Name: _____              | Signature: _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____  | License #: _____                                      | Phone #: _____                |   |

Ref: F.S. 440.103; ORD. 2016-30