

## SUBCONTRACTOR VERIFICATION

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 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>Harley R Driggers Jr</u> Signature <u>[Signature]</u><br>Company Name: _____<br>CC# _____ License #: _____ Phone #: <u>386-292-5791</u> | <u>Need</u><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 |
| <b>MECHANICAL</b><br><input type="checkbox"/>                    | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____                                                  | <u>Need</u><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 |
| <b>PLUMBING/</b><br><b>GAS</b> <input type="checkbox"/>          | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____                                                  | <u>Need</u><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 |
| <b>ROOFING</b><br><input type="checkbox"/>                       | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____                                                  | <u>Need</u><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 |
| <b>SHEET METAL</b><br><input type="checkbox"/>                   | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____                                                  | <u>Need</u><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 |
| <b>FIRE SYSTEM/</b><br><b>SPRINKLER</b> <input type="checkbox"/> | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____                                                  | <u>Need</u><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 |
| <b>SOLAR</b><br><input type="checkbox"/>                         | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____                                                  | <u>Need</u><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 |
| <b>STATE</b><br><b>SPECIALTY</b> <input type="checkbox"/>        | Print Name _____ Signature _____<br>Company Name: _____<br>CC# _____ License #: _____ Phone #: _____                                                  | <u>Need</u><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 |