

## 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.

<p><b>ELECTRICAL</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>Donald Hollingsworth</u> Signature <u>[Signature]</u></p> <p>Company Name: <u>Holly Electric, Inc</u></p> <p>License #: <u>EC13005429</u> Phone #: <u>386-755-5944</u></p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> w/c</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>MECHANICAL/VC</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name <u>Mark Lane</u> Signature <u>Mark Lane</u></p> <p>Company Name: <u>Lane heating and air</u></p> <p>License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u></p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> w/c</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>PLUMBING/GAS</b></p> <p><input type="checkbox"/></p> <p>CC# <u>CCD 715</u></p>	<p>Print Name <u>Cody Berts</u> Signature <u>[Signature]</u></p> <p>Company Name: <u>Berts Plumbing</u></p> <p>License #: <u>CFC1427145</u> Phone #: <u>796-623-0509</u></p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> w/c</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>ROOFING</b></p> <p><input type="checkbox"/></p> <p>CC# <u>1329629</u></p>	<p>Print Name <u>Robert Olesz</u> Signature <u>[Signature]</u></p> <p>Company Name: <u>Olesz Roofing &amp; Construction</u></p> <p>License #: <u>CCC 9328699</u> Phone #: <u>386-364-4838</u></p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> w/c</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>SHEET METAL</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name _____ Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> w/c</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>FIRE SYSTEM/SPRINKLER</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name _____ Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> w/c</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>SOLAR</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name _____ Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> w/c</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>
<p><b>STATE SPECIALTY</b></p> <p><input type="checkbox"/></p> <p>CC# _____</p>	<p>Print Name _____ Signature _____</p> <p>Company Name: _____</p> <p>License #: _____ Phone #: _____</p>	<p>Need</p> <p><input type="checkbox"/> Lic</p> <p><input type="checkbox"/> Lab</p> <p><input type="checkbox"/> w/c</p> <p><input type="checkbox"/> EX</p> <p><input type="checkbox"/> DE</p>