

SUBCONTRACTOR VERIFICATION

(65)

APPLICATION/PERMIT # 51841 JOB NAME Billing

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.

ELECTRICAL <input checked="" type="checkbox"/>	Print Name <u>MAT BRON</u> Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# <u>309</u>	Company Name: <u>MAT BRON Electric, Inc.</u> <u>386-365-3688</u> Cell License #: <u>EC 1300 6531</u> Phone #: <u>386-935 935-0444</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need - Lic - Liab - W/C - EX - DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	