

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 #: _____

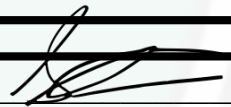
MECHANICAL / A/C

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

PLUMBING / GAS

Printed Name: cody bars Signature: _____
Company Name: _____ Owner ☐
License #: _____ Phone #: _____

ROOFING

Printed Name: Stewart Powell Signature: 
Company Name: Powell & Sons Roofing Owner ☐
License #: CCC1337125 Phone #: 9044664924

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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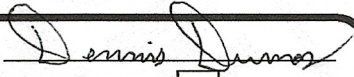
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ELECTRICAL

Printed Name: Dennis Dumas Signature: 
Company Name: High Springs Electric & Air Owner ☐
License #: EC0002306 Phone #: 386-623-4895

MECHANICAL / A/C

Printed Name: Dennis Dumas Signature: 
Company Name: High Springs Electric & Air Owner ☐
License #: CAC1815367 Phone #: 386-623-4895

PLUMBING / GAS

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

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: _____
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Printed Name: cody bars Signature: _____
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Printed Name: Stewart Powell Signature: _____
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FIRE SYSTEM / SPRINKLER

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