

**SUBCONTRACTOR VERIFICATION**

65

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.

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|--|---|--|
| <b>ELECTRICAL</b><br><input type="checkbox"/>              | Print Name <u>Darryl A. Vickers</u> <sup>BDA</sup> Signature <u>Darryl A Vickers</u>                        | <b>Need</b><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# _____  | Company Name: <u>Inman Plumbing Contractors</u><br>License #: <u>ER0015340</u> Phone #: <u>352-614-8745</u> |  |
| <b>MECHANICAL</b><br><input type="checkbox"/>              | Print Name _____ Signature _____  | <b>Need</b><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 |
| A/C _____  | Company Name: _____   |  |
| CC# _____  | Phone #: _____  |  |
| <b>PLUMBING/<br/>GAS</b> <input type="checkbox"/>          | Print Name _____ Signature _____  | <b>Need</b><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# _____  | Company Name: _____<br>License #: _____ Phone #: _____  |  |
| <b>ROOFING</b><br><input type="checkbox"/>                 | Print Name _____ Signature _____  | <b>Need</b><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# _____  | Company Name: _____<br>License #: _____   |  |
| <b>SHEET METAL</b><br><input type="checkbox"/>             | Print Name _____ Signature _____  | <b>Need</b><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# _____  | Company Name: _____<br>License #: _____   |  |
| <b>FIRE SYSTEM/<br/>SPRINKLER</b> <input type="checkbox"/> | Print Name _____ Signature _____  | <b>Need</b><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# _____  | Company Name: _____<br>License #: _____ Phone #: _____  |  |
| <b>SOLAR</b><br><input type="checkbox"/>                   | Print Name _____ Signature _____  | <b>Need</b><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# _____  | Company Name: _____<br>License #: _____ Phone #: _____  |  |
| <b>STATE<br/>SPECIALTY</b> <input type="checkbox"/>        | Print Name _____ Signature _____  | <b>Need</b><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# _____  | Company Name: _____<br>License #: _____ Phone #: _____  |  |