

## 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>	Print Name <u>N/A</u> Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>MECHANICAL</b>	Print Name _____ Signature _____	<b>Need</b>
A/C <input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>PLUMBING/ GAS</b>	Print Name _____ Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>ROOFING</b>	Print Name _____ Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name _____ Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>FIRE SYSTEM/ SPRINKLER</b>	Print Name _____ Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name _____ Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE
<b>STATE SPECIALTY</b>	Print Name _____ Signature _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	<input type="checkbox"/> Lic
CC# _____	License #: _____ Phone #: _____	<input type="checkbox"/> Liab
		<input type="checkbox"/> W/C
		<input type="checkbox"/> EX
		<input type="checkbox"/> DE