

# SUBCONTRACTOR VERIFICATION

JOB NAME

Kalb Pool

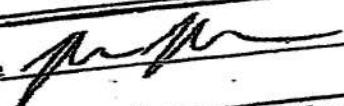
APPLICATION/FORWIT #

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>Marc Matthews</u>	Signature: 	<b>Need</b>
<input checked="" type="checkbox"/>	Company Name: <u>Matthews Electric</u>	Phone #: <u>(386) 344-2029</u>	<input type="checkbox"/> Lic
CC#	License #: <u>EC13005459</u>	Signature: _____	<input type="checkbox"/> Liab
<b>MECHANICAL/</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> W/C
<b>A/C</b>	Company Name: _____	Phone #: _____	<input type="checkbox"/> ex
CC#	License #: _____	Signature: _____	<input type="checkbox"/> DE
<b>PLUMBING/</b>	Print Name: _____	Signature: _____	<b>Need</b>
<b>GAS</b>	Company Name: _____	Phone #: _____	<input type="checkbox"/> Lic
CC#	License #: _____	Signature: _____	<input type="checkbox"/> Liab
<b>ROOFING</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> W/C
<input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> ex
CC#	License #: _____	Signature: _____	<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name: _____	Signature: _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> Lic
CC#	License #: _____	Signature: _____	<input type="checkbox"/> Liab
<b>FIRE SYSTEM/</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> W/C
<b>SPRINKLER</b>	Company Name: _____	Phone #: _____	<input type="checkbox"/> ex
CC#	License #: _____	Signature: _____	<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name: _____	Signature: _____	<b>Need</b>
<input type="checkbox"/>	Company Name: _____	Phone #: _____	<input type="checkbox"/> Lic
CC#	License #: _____	Signature: _____	<input type="checkbox"/> Liab
<b>STATE</b>	Print Name: _____	Signature: _____	<input type="checkbox"/> W/C
<b>SPECIALTY</b>	Company Name: _____	Phone #: _____	<input type="checkbox"/> ex
CC#	License #: _____	Signature: _____	<input type="checkbox"/> DE