

# Subcontractor Verification Form

APPLICATION/PERMIT # 75978

JOB NAME Allred

**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: Matt Burns Signature: Matt Burns  
Company Name: Burns Electrical Services Owner   
License #: EC13006531 Phone #: 386-365-3688

MECHANICAL / A/C

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

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: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Owner   
License #: \_\_\_\_\_ Phone #: \_\_\_\_\_