

SUBCONTRACTOR VERIFICATION

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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.

ELECTRICAL ☐	Print Name <u>MATT BROWN</u> Signature <u>[Signature]</u> Company Name: <u>MATT BROWN ELECTRIC, INC.</u> <u>386-365-3688</u> cell License #: <u>EC 1300 6531</u> Phone #: <u>386-935-0444</u>	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
MECHANICAL/ A/C ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
PLUMBING/ GAS ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
ROOFING ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____
STATE ☐ SPECIALTY	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> Lic _____ Liab _____ W/C _____ EX _____ DE _____