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.

ELECTRICAL ☐ CC# _____	Print Name Donald Hollingsworth	Signature	Need: ☑ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Holly Electric, Inc		
	License #: EC13005429	Phone #: 386-755-5944	
MECHANICAL/ A/C ☐ CC# _____	Print Name Mark Lane/Anthony Franks	Signature Mark Lane	Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Lane heating and air		
	License #: CAC1818631	Phone #: 386-466-7514	
PLUMBING/ GAS ☐ CC# 000715	Print Name Cody Borrs	Signature	Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Borrs Plumbing		
	License #: CFC1427145	Phone #: 386-623-0509	
ROOFING ☐ CC# 1328679	Print Name Robert Oakes Jr	Signature	Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Oakes Roofing & Construction		
	License #: CCC 1328699	Phone #: 386-364-4838	
SHEET METAL ☐ CC# _____	Print Name	Signature	Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name:		
	License #:	Phone #:	
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name	Signature	Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name:		
	License#:	Phone #:	
SOLAR ☐ CC# _____	Print Name	Signature	Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name:		
	License #:	Phone #:	
STATE SPECIALTY ☐ CC# _____	Print Name	Signature	Need: ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name:		
	License #:	Phone #:	

Ref: F.S. 440.103; ORD. 2016-30