SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #	JOB NAME	Fischer Residence

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 <u>REQUIRED</u> 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.

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ELECTRICAL	Print Name_ Jeff Fischer Signature_	Signature of property owner)	<u>Need</u> □ Lic □ Liab
	Company Name: Owner Builder	E.B. state of property office,	□ w/c
	<u>.</u>	352 514 7575	□ EX
CC#	License #: Phone #:_		□ DE
MECHANICAL/		Eignature of property owner)	<u>Need</u> □ Lic
A/C	Company Name: Owner Builder	(Signature of property owner)	☐ Liab
		050 544 3575	□ W/C
CC#	License #: Phone #:_	352.514.7575	□ DE
PLUMBING/	Print Name <u>Jeff Fischer</u> Signature Company Name: Owner Builder	2.00	<u>Need</u> □ Lic
GAS	Company Name: Owner Builder	(Signature of property owner)	☐ Liab
	Company Name:		□ W/C
CC#	License #: Phone #:_	352.514.7575	□ DE
		14	Need
ROOFING	Print Name Jeff Fischer Signature	Signature of property owner)	☐ Lic
	Company Name: Owner Builder	Usignature of property owner)	□ Liab
		252 544 7575	□ W/C
CC#	License #: Phone #:_	352.514.7575	□ EX □ DE
			Need
SHEET METAL	Print NameSignature_		☐ Lic
	Company Name:		□ Liab □ W/C
			□ EX
CC#	License #: Phone #:		□ DE
FIRE SYSTEM/			Need
FIRE STSTEIVI/	Print NameSignature_		☐ Lic ☐ Liab
SPRINKLER	Company Name:		□ W/C
CC#	Licensetti Dhene ti		□ EX
CC#	License#: Phone #:		□ DE
SOLAR	Print NameSignature_		Need □ Lic
			□ Liab
	Company Name:		□ w/c
CC#	License #: Phone #:		□ EX □ DE
			Need
STATE	Print NameSignature_		Lic
			□ Liab
SPECIALTY	Company Name:		□ W/C
CC#	License #: Phone #:		□ EX