

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # ~~48018~~ 48018 JOB NAME Buxton SFR

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 <input checked="" type="checkbox"/>	Print Name <u>Alan Buxton</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____ CC# _____	License #: <u>Homeowner</u> Phone #: <u>863-286-7381</u>	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name <u>Alan Buxton</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____ CC# _____	License #: <u>Homeowner</u> Phone #: <u>863-286-7381</u>	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name <u>Alan Buxton</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____ CC# _____	License #: <u>Homeowner</u> Phone #: <u>863-286-7381</u>	
ROOFING <input checked="" type="checkbox"/>	Print Name <u>Alan Buxton</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____ CC# _____	License #: <u>Homeowner</u> Phone #: <u>863-286-7381</u>	
SHEET METAL <input type="checkbox"/>	Print Name <u>Alan Buxton</u> Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____ CC# _____	License #: <u>Homeowner</u> Phone #: <u>263-286-7381</u>	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____ CC# _____	License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____ CC# _____	License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name <u>NA</u> Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
Company Name: _____ CC# _____	License #: _____ Phone #: _____	