

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	Print Name <u>Stephanie Blanchard</u>	Signature <u>Stephanie R Blanchard</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: <u>386-288-5550</u>	
MECHANICAL	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
A/C ☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
PLUMBING/ GAS ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____		
License #: _____	Phone #: _____		
ROOFING	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____		
SHEET METAL	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____		
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____		
License #: _____	Phone #: _____		
SOLAR	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
STATE SPECIALTY ☐	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____		
License #: _____	Phone #: _____		