

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>Mark Matthews</u> Signature <u>[Signature]</u> Company Name: <u>Matthews Electric</u> License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ VC ☐	Print Name <u>Anthony Franks</u> Signature <u>[Signature]</u> Company Name: <u>Franks & Lane Heating and Air</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐	Print Name <u>Cody Barrs</u> Signature <u>[Signature]</u> Company Name: <u>Barrs Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>386-623-0509</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name <u>Robert Ogles</u> Signature <u>[Signature]</u> Company Name: <u>Ogles Roofing & Construction</u> License #: <u>CCC 9328699</u> Phone #: <u>386-364-4838</u>	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE