

# 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.

|                                                              |                                                                                                              |                                                                                                                                                                     |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELECTRICAL</b><br><input checked="" type="checkbox"/>     | Print Name <u>Donald Hollingsworth</u> Signature <u>[Signature]</u>                                          | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>0037</u>                                              | Company Name: <u>Holly Electric Inc</u><br>License #: <u>EC13005429</u> Phone #: <u>386-755-5944</u>         |                                                                                                                                                                     |
| <b>MECHANICAL/A/C</b><br><input checked="" type="checkbox"/> | Print Name <u>JAN Touchton</u> Signature <u>[Signature]</u>                                                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>1731</u>                                              | Company Name: <u>Touchton's Heat + Air</u><br>License #: <u>CAC058747</u> Phone #: <u>386 362 4509</u>       |                                                                                                                                                                     |
| <b>PLUMBING/GAS</b><br><input checked="" type="checkbox"/>   | Print Name <u>Don Bills</u> Signature <u>[Signature]</u>                                                     | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>298</u>                                               | Company Name: <u>HomeTown Plumbing Services</u><br>License #: <u>CFC1428890</u> Phone #: <u>386-754 6140</u> |                                                                                                                                                                     |
| <b>ROOFING</b><br><input checked="" type="checkbox"/>        | Print Name <u>Mary Johnson</u> Signature <u>Mary Carol Johnson</u>                                           | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# <u>001119</u>                                            | Company Name: <u>RCRA JOHNSON</u><br>License #: <u>CCC1330073</u> Phone #: <u>386-755-2377</u>               |                                                                                                                                                                     |
| <b>SHEET METAL</b><br><input type="checkbox"/>               | Print Name _____ Signature _____                                                                             | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                    | Company Name: _____<br>License #: _____ Phone #: _____                                                       |                                                                                                                                                                     |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/>     | Print Name _____ Signature _____                                                                             | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                    | Company Name: _____<br>License #: _____ Phone #: _____                                                       |                                                                                                                                                                     |
| <b>SOLAR</b><br><input type="checkbox"/>                     | Print Name _____ Signature _____                                                                             | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                    | Company Name: _____<br>License #: _____ Phone #: _____                                                       |                                                                                                                                                                     |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/>           | Print Name _____ Signature _____                                                                             | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                    | Company Name: _____<br>License #: _____ Phone #: _____                                                       |                                                                                                                                                                     |