SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Nickelson- Lot 6B

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.

			Need
ELECTRICAL ☐ CC# 2148	Print Name Ben Sparks	Signature Ben Sparks	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Line Electric		
	License #: EC13009101	Phone #: 386.361.0046	
MECHANICAL/ A/C ☐ CC# 2090	Print Name Stephen Bribois	Signature Stephen Bribois	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Epic A/C		
	License #: CAC1819412	Phone #: 386.623.1609	
PLUMBING/ GAS ☐ CC# 000715	Print Name Cody Barrs	Signature Cody Barrs	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Barrs Plumbing		
	License #: CFC1427145	Phone #: 386.752.8654	
ROOFING ☐ CC# 1110	Print Name Aaron Nickelson	Signature Aaron Nickelson	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Aaron Marc Company		
	License #: CBC1258040	Phone #: 386.867.3534	
SHEET METAL ☐ CC# _____	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License#: _____	Phone #: _____	
SOLAR ☐ CC# _____	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
STATE SPECIALTY ☐ CC# _____	Print Name _____	Signature _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	

Ref: F.S. 440.103; ORD. 2016-30