SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

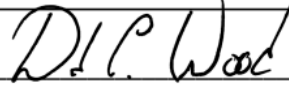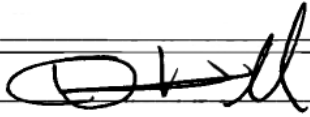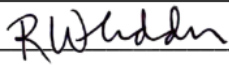## THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is <u>REQUIRED</u> 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.

Trade	Details	Need
ELECTRICAL ☐ CC#_____	Print Name David Wood Signature _D.C. Wood_ Company Name: Wood's Electrical Services Inc. License #: EC13002213 Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ **A/C** _____ ☐ CC#_____	Print Name David Hall Signature _____ Company Name: Hall's Heating and Air License #: CAC057424 Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ **GAS** ☐ CC#_____	Print Name Roger Whiddon Signature _RWhiddon_ Company Name: Lake City Plumbing, Inc. License #: CFC1428686 Phone #: 386-867-6755	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name Matt Hentzelman Signature _____ Company Name: Trademark Construction Group, Inc. License #: CCC1329208 Phone #: 386-755-5254	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ **SPRINKLER** ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License#: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE ☐ **SPECIALTY** CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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