

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME

Farer pool

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> <input checked="" type="checkbox"/>	Print Name <u>Marc Matthews</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: <u>Matthews Electric</u>	Phone #: <u>(386) 344-2029</u>	
	License #: <u>EC13005459</u>		
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____		