

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 61432

JOB NAME Simmons Residence

**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>Elmer Alexander</u> Signature <u><i>Elmer A. Alexander</i></u><br>Company Name: <u>P &amp; R Electric</u><br>License #: <u>EC0000703</u> Phone #: <u>904-259-6682</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 |
| <b>MECHANICAL/A/C</b>        | <input type="checkbox"/>            | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                          | 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 |
| <b>PLUMBING/GAS</b>          | <input type="checkbox"/>            | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                          | 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 |
| <b>ROOFING</b>               | <input type="checkbox"/>            | Print Name _____ Signature _____<br>Company Name: <u>O'Neal Roofing</u><br>License #: _____ Phone #: _____                                                                          | 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 |
| <b>SHEET METAL</b>           | <input type="checkbox"/>            | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                          | 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 |
| <b>FIRE SYSTEM/SPRINKLER</b> | <input type="checkbox"/>            | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                          | 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 |
| <b>SOLAR</b>                 | <input type="checkbox"/>            | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                          | 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 |
| <b>STATE SPECIALTY</b>       | <input type="checkbox"/>            | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                          | 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 |