Subcontractor Verification Form

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 Contractor's 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.*

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.

ELECTRICAL	Printed Name: _____ Signature: _____ Company Name: N/A Owner ☐ License #: _____ Phone #: _____
MECHANICAL / A/C	Printed Name: RONALD JONES Signature: _____ Company Name: APF-FL CONSTRUCTION Owner ☐ N/A License #: CRC1335391 Phone #: 904-458-5425
PLUMBING / GAS	Printed Name: _____ Signature: _____ Company Name: N/A Owner ☐ License #: _____ Phone #: _____
ROOFING	Printed Name: _____ Signature: _____ Company Name: N/A Owner ☐ License #: _____ Phone #: _____
FIRE SYSTEM / SPRINKLER	Printed Name: _____ Signature: _____ Company Name: N/A Owner ☐ License #: _____ Phone #: _____
SOLAR	Printed Name: _____ Signature: _____ Company Name: N/A Owner ☐ License #: _____ Phone #: _____
STATE SPECIALTY	Printed Name: _____ Signature: _____ Company Name: N/A Owner ☐ License #: _____ Phone #: _____

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

Published 10/2025