

# SUBCONTRACTOR VERIFICATION

65

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 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>	Print Name <u>Daniel A. Deas</u>	Signature <u>[Signature]</u>	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: <u>386-330-4283</u>	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>MECHANICAL</b>	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
A/C _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>PLUMBING/</b>	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
<b>GAS</b>	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
CC# _____			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>ROOFING</b>	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>SHEET METAL</b>	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>FIRE SYSTEM/</b>	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
<b>SPRINKLER</b>	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
CC# _____			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>SOLAR</b>	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
<b>STATE</b>	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
<b>SPECIALTY</b>	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
CC# _____			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE