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 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.

		Need
ELECTRICAL ☐ CC#_____	Print Name JAMES F QUINN III Signature _____ Company Name: CRAFT ELECTRIC INC License #: EC13010994 Phone #: 352-378-9274	☑ Lic ☑ Liab ☑ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#_____	Print Name DREW THOMAS WORTHMANN Signature _____ Company Name: Happy Home Construction LLC License #: CMC 1250473 Phone #: 352-664-2779	☑ Lic ☑ Liab ☑ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name DREW THOMAS WORTHMANN Signature _____ Company Name: Happy Home Construction LLC License #: CFC 1429369 Phone #: 352-664-2779	☑ Lic ☑ Liab ☑ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name DREW THOMAS WORTHMANN Signature _____ Company Name: HAPPY HOME CONSTRUCTION LLC License #: CCC 1334454 Phone #: 352-664-2779	☑ 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