

SUBCONTRACTOR VERIFICATION

53356

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.

ELECTRICAL	Print Name <u>THIRD DAY ELECTRIC</u>	Signature <u>[Signature]</u>	<u>Need</u>
<input type="checkbox"/>	Company Name: <u>THIRD DAY ELECTRIC</u>		<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	License #: <u>EC13001947</u>	Phone #: <u>386-249-1204</u>	
MECHANICAL/	Print Name <u>ACE HEATING & AIR</u>	Signature <u>[Signature]</u>	<u>Need</u>
A/C	Company Name: <u>ACE HEATING & AIR</u>		<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	License #: <u>CAC058170</u>	Phone #: <u>386-754-8999</u>	
PLUMBING/	Print Name <u>BOY BARRS</u>	Signature <u>[Signature]</u>	<u>Need</u>
GAS	Company Name: <u>BARRS PLUMBING</u>		<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	License #: <u>CFC1427145</u>	Phone #: <u>386-752-8646</u>	
ROOFING	Print Name <u>KEVIN BODENBACH</u>	Signature <u>[Signature]</u>	<u>Need</u>
<input type="checkbox"/>	Company Name: <u>Plumb Level Construction</u>		<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	License #: <u>CCC1329482</u>	Phone #: <u>386-365-5264</u>	
SHEET METAL	Print Name _____	Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	License #: _____	Phone #: _____	
FIRE SYSTEM/	Print Name _____	Signature _____	<u>Need</u>
SPRINKLER	Company Name: _____		<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	License #: _____	Phone #: _____	
SOLAR	Print Name _____	Signature _____	<u>Need</u>
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	License #: _____	Phone #: _____	
STATE	Print Name _____	Signature _____	<u>Need</u>
SPECIALTY	Company Name: _____		<input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#	License #: _____	Phone #: _____	