SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Lot 17, Turkey Creek subdivision

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 Mervin Hines	Signature Mervin Hines	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Hines Electrical + Comm.		
	License #: EC13003393	Phone #: 352-472-4277	
MECHANICAL/ A/C ☐ CC#_____	Print Name DAVID HALL	Signature D Hall	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: DAVID HALL'S, INC		
	License #: CAC057424	Phone #: 3867559792	
PLUMBING/ GAS ☐ CC#_____	Print Name Cody Burns	Signature	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Burns Plumb		
	License #: CFC1427175	Phone #: 386 623-0509	
ROOFING ☐ CC#_____	Print Name Kevin Bodenbaugh	Signature	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: Plumb Level Constr		
	License #: CCC#1329482	Phone #: 386 365 5264	
SHEET METAL ☐ CC#_____	Print Name_____	Signature_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____	Signature_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License#: _____	Phone #: _____	
SOLAR ☐ CC#_____	Print Name_____	Signature_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	
STATE SPECIALTY ☐ CC#_____	Print Name_____	Signature_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
	Company Name: _____		
	License #: _____	Phone #: _____	

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