

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.

ELECTRICAL ☐	Print Name <u>Donald Davis</u> Signature <u><i>Donald Davis</i></u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# ☐	Company Name: <u>High Springs Electric & Air</u> License #: <u>EC0002306</u> Phone #: <u>386-623-0499</u>	
MECHANICAL/A/C ☐	Print Name <u>Donald Davis</u> Signature <u><i>Donald Davis</i></u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# ☐	Company Name: <u>High Springs Electric & Air</u> License #: <u>CAC1815367</u> Phone #: <u>386-623-0499</u>	
PLUMBING/GAS ☐	Print Name <u>Don Bills</u> Signature <u><i>Don Bills</i></u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# ☐	Company Name: <u>Hometown Plumbing Services LLC</u> License #: <u>CFC 1428890</u> Phone #: <u>386-754-6140</u>	
ROOFING ☐	Print Name <u>RALPH LAYERDUFF</u> Signature <u><i>Ralph Layerdurf</i></u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# ☐	Company Name: <u>RWL Roofing LLC</u> License #: <u>CCC 1328590</u> Phone #: <u>386-623-0178</u>	
SHEET METAL ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# ☐	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# ☐	Company Name: _____ License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# ☐	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# ☐	Company Name: _____ License #: _____ Phone #: _____	