

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Andres Kirkland / Sharon Swanson

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 <input type="checkbox"/>	Print Name <u>Matt Burns</u>	Signature <u>Matt Burns</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Burns Electric</u>	License #: <u>ER13013004</u>	Phone #: <u>386-935-0444</u>
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Jan Touchton</u>	Signature <u>Jan Touchton</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Touchtons Heating and Air</u>	License #: <u>CAC058747</u>	Phone #: <u>386-362-4509</u>
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Cody Barrs</u>	Signature <u>Cody Barrs</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Barrs Plumbing</u>	License #: <u>CF-57219</u>	Phone #: <u>386-386-623-0509</u>
ROOFING <input type="checkbox"/>	Print Name <u>Kevin Bedenbaugh</u>	Signature <u>Kevin Bedenbaugh</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: <u>Plumb Level Construction</u>	License #: <u>CCC1329482</u>	Phone #: <u>386-365-5264</u>
SHEET METAL <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
SOLAR <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____
STATE SPECIALTY <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	License #: _____	Phone #: _____