

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Bone Warehouse

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>Ben Smith</u> Signature <u>Ben Smith</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# <u>003141</u>	Company Name: <u>Quality ISFL dba SETEL ELECTRIC</u>	
	License #: <u>13010340</u> Phone #: <u>904 259 1300</u>	
MECHANICAL/	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
A/C ☐	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
PLUMBING/	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
GAS ☐	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
ROOFING ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
SHEET METAL ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
FIRE SYSTEM/	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SPRINKLER ☐	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	
SOLAR ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
CC# _____	Company Name: _____	
	License #: _____ Phone #: _____	
STATE ☐	Print Name _____ Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SPECIALTY	Company Name: _____	
CC# _____	License #: _____ Phone #: _____	