

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Story Pool

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 checked="" type="checkbox"/>	Print Name <u>Marc Matthews</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: <u>Matthews Electric</u>	Phone #: <u>(386) 344-2029</u>	
License #: <u>EC13005459</u>			
MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: _____	Phone #: _____	
License #: _____			
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: _____	Phone #: _____	
License #: _____			
ROOFING <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: _____	Phone #: _____	
License #: _____			
SHEET METAL <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: _____	Phone #: _____	
License #: _____			
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: _____	Phone #: _____	
License #: _____			
SOLAR <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: _____	Phone #: _____	
License #: _____			
STATE <input type="checkbox"/> SPECIALTY	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u> </u>	Company Name: _____	Phone #: _____	
License #: _____			