

**SUBCONTRACTOR VERIFICATION**

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Patricia Graham

**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.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>George Degler</u> Signature <u>[Signature]</u> Company Name: <u>A Proud Plumber LLC</u> License #: <u>CFC 1427133</u> Phone #: <u>386-438-9635</u>	Need - Lic - Liab - W/C - EX - DE
<b>ROOFING</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE