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.

Trade	Details	Need
ELECTRICAL [✓] CC#_____	Print Name David Wood Signature David Wood Company Name: Wood's Electrical Service, Inc. License #: EC13002213 Phone #: 386-364-5246	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ **A/C** [✓] CC#_____	Print Name Peter Mazzocchi Signature Pete Mazzocchi Company Name: Lake City Air Condition & Refrigeration Sales & Service License #: CAC 021353 Phone #: 386-752-6692	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ **GAS** [✓] CC#_____	Print Name Mark Ganskop Signature McN Company Name: Express Plumbing, Inc. License #: CFC1428040 Phone #: 386-867-0269	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING [✓] CC#_____	Print Name Fred J. Hatfield, III Signature Fred J Hatfld, III Company Name: Gamble & Associates Construction, Inc. License #: CBC058310 Phone #: 386-364-1234	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL [ ] CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ **SPRINKLER** [ ] CC#_____	Print Name_____ Signature_____ Company Name: _____ License#: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR [ ] CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE **SPECIALTY** [ ] CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

Ref: F.S. 440.103; ORD. 2016-30