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.

Building Erection only

ELECTRICAL ☐ CC# _____	Print Name Jane Gianakis Signature Jane Gianakis Company Name OWNER builder License # _____ Phone # 772-696-4796		Need: Lic, Liab, W/C, Ex, Dr
MECHANICAL/ A/C ☐ CC# _____	Print Name Jane Gianakis Signature Jane Gianakis Company Name OWNER builder License # _____ Phone # 772-696-4796		Need: Lic, Liab, W/C, Ex, Dr
PLUMBING/ GAS ☐ CC# _____	Print Name Jane Gianakis Signature Jane Gianakis Company Name OWNER builder License # _____ Phone # 772-696-4796		Need: Lic, Liab, W/C, Ex, Dr
ROOFING ☐ CC# _____	Print Name Donald Little Signature Company Name Tubular Building Systems License # CGC1523634 Phone # 386-961-0006		Need: Lic, Liab, W/C, Ex, Dr
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License # _____ Phone # _____		Need: Lic, Liab, W/C, Ex, Dr
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License # _____ Phone # _____		Need: Lic, Liab, W/C, Ex, Dr
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License # _____ Phone # _____		Need: Lic, Liab, W/C, Ex, Dr
STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License #: _____ Phone # _____		Need: Lic, Liab, W/C, Ex, Dr

Other ☐

Ref F.S. 440.103, ORD. 2016-30

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ELECTRICAL ☐ CC#_____	Print Name JANE Gianolis Signature Jane Gianolis Company Name: OWNER builder License #: _____ Phone #: 772-696-4796	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#_____	Print Name JANE Gianolis Signature Jane Gianolis Company Name: OWNER builder License #: _____ Phone #: 772-696-4796	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name JANE Gianolis Signature Jane Gianolis Company Name: OWNER builder License #: _____ Phone #: 772-696-4796	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
~~**ROOFING**~~ **Building** ☐ CC#_____	Print Name_____ Signature_____ Company Name: Tubular Building Systems License #: 1533634 Phone #: 386-961-0006	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License#: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name_____ Signature_____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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