

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Storage Shed

**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>                 | Print Name _____    | Signature _____ | <u>Need</u>                   |
| <input type="checkbox"/>          | Company Name: _____ |                 | <input type="checkbox"/> Lic  |
| CC# _____                         | License #: _____    | Phone #: _____  | <input type="checkbox"/> Liab |
|                                   |                     |                 | <input type="checkbox"/> W/C  |
|                                   |                     |                 | <input type="checkbox"/> EX   |
|                                   |                     |                 | <input type="checkbox"/> DE   |
| <b>MECHANICAL</b>                 | Print Name _____    | Signature _____ | <u>Need</u>                   |
| <input type="checkbox"/>          | Company Name: _____ |                 | <input type="checkbox"/> Lic  |
| CC# _____                         | License #: _____    | Phone #: _____  | <input type="checkbox"/> Liab |
|                                   |                     |                 | <input type="checkbox"/> W/C  |
|                                   |                     |                 | <input type="checkbox"/> EX   |
|                                   |                     |                 | <input type="checkbox"/> DE   |
| <b>PLUMBING/<br/>GAS</b>          | Print Name _____    | Signature _____ | <u>Need</u>                   |
| <input type="checkbox"/>          | Company Name: _____ |                 | <input type="checkbox"/> Lic  |
| CC# _____                         | License #: _____    | Phone #: _____  | <input type="checkbox"/> Liab |
|                                   |                     |                 | <input type="checkbox"/> W/C  |
|                                   |                     |                 | <input type="checkbox"/> EX   |
|                                   |                     |                 | <input type="checkbox"/> DE   |
| <b>ROOFING</b>                    | Print Name _____    | Signature _____ | <u>Need</u>                   |
| <input type="checkbox"/>          | Company Name: _____ |                 | <input type="checkbox"/> Lic  |
| CC# _____                         | License #: _____    | Phone #: _____  | <input type="checkbox"/> Liab |
|                                   |                     |                 | <input type="checkbox"/> W/C  |
|                                   |                     |                 | <input type="checkbox"/> EX   |
|                                   |                     |                 | <input type="checkbox"/> DE   |
| <b>SHEET METAL</b>                | Print Name _____    | Signature _____ | <u>Need</u>                   |
| <input type="checkbox"/>          | Company Name: _____ |                 | <input type="checkbox"/> Lic  |
| CC# _____                         | License #: _____    | Phone #: _____  | <input type="checkbox"/> Liab |
|                                   |                     |                 | <input type="checkbox"/> W/C  |
|                                   |                     |                 | <input type="checkbox"/> EX   |
|                                   |                     |                 | <input type="checkbox"/> DE   |
| <b>FIRE SYSTEM/<br/>SPRINKLER</b> | Print Name _____    | Signature _____ | <u>Need</u>                   |
| <input type="checkbox"/>          | Company Name: _____ |                 | <input type="checkbox"/> Lic  |
| CC# _____                         | License #: _____    | Phone #: _____  | <input type="checkbox"/> Liab |
|                                   |                     |                 | <input type="checkbox"/> W/C  |
|                                   |                     |                 | <input type="checkbox"/> EX   |
|                                   |                     |                 | <input type="checkbox"/> DE   |
| <b>SOLAR</b>                      | Print Name _____    | Signature _____ | <u>Need</u>                   |
| <input type="checkbox"/>          | Company Name: _____ |                 | <input type="checkbox"/> Lic  |
| CC# _____                         | License #: _____    | Phone #: _____  | <input type="checkbox"/> Liab |
|                                   |                     |                 | <input type="checkbox"/> W/C  |
|                                   |                     |                 | <input type="checkbox"/> EX   |
|                                   |                     |                 | <input type="checkbox"/> DE   |
| <b>STATE<br/>SPECIALTY</b>        | Print Name _____    | Signature _____ | <u>Need</u>                   |
| <input type="checkbox"/>          | Company Name: _____ |                 | <input type="checkbox"/> Lic  |
| CC# _____                         | License #: _____    | Phone #: _____  | <input type="checkbox"/> Liab |
|                                   |                     |                 | <input type="checkbox"/> W/C  |
|                                   |                     |                 | <input type="checkbox"/> EX   |
|                                   |                     |                 | <input type="checkbox"/> DE   |