

**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"/> N/A CCH# _____	Print Name <u>TIMOTHY HARVEY</u> Company Name: <u>OWNER</u> License #: _____	Signature <u>[Signature]</u> Phone #: <u>603-726-6050</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/ A/C</b> <input type="checkbox"/> A/C CCH# _____	Print Name <u>EPIC A/C (Stephen Brisbois)</u> Company Name: <u>EPIC AC SERVICE</u> License #: <u>CAC1819412</u>	Signature <u>[Signature]</u> Phone #: <u>386-623-1609</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/ GAS</b> <input type="checkbox"/> N/A CCH# _____	Print Name <u>TIMOTHY HARVEY</u> Company Name: <u>OWNER</u> License #: _____	Signature <u>[Signature]</u> Phone #: <u>603-726-6050</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input type="checkbox"/> N/A CCH# _____	Print Name <u>TIMOTHY HARVEY</u> Company Name: <u>OWNER</u> License #: _____	Signature <u>[Signature]</u> Phone #: <u>603-726-6050</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/> N/A CCH# _____	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/ SPRINKLER</b> <input type="checkbox"/> N/A CCH# _____	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PAVEMENT</b> <input type="checkbox"/> N/A CCH# _____	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE SPECIALTY</b> <input type="checkbox"/> N/A CCH# _____	Print Name _____ Company Name: _____ License #: _____	Signature _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE