

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME MET2 MODEL HOME

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.

	Print Name	Signature	Notes
ELECTRICAL	_____	_____	<input type="checkbox"/> EPO <input type="checkbox"/> LMB <input type="checkbox"/> W/C <input type="checkbox"/> EK <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
CCP	License #: _____	Phone #: _____	
MECHANICAL	Print Name: <u>Lonnie Bucchi</u>	Signature: <u>[Signature]</u>	<input checked="" type="checkbox"/> EPO <input checked="" type="checkbox"/> LMB <input checked="" type="checkbox"/> W/C <input type="checkbox"/> EK <input type="checkbox"/> DE
<input checked="" type="checkbox"/>	Company Name: <u>A.C.E. Heat And Air</u>		
CCP	License #: <u>CAC1817024</u>	Phone #: <u>386-497-2216</u>	
PLUMBING	Print Name: _____	Signature: _____	<input type="checkbox"/> EPO <input type="checkbox"/> LMB <input type="checkbox"/> W/C <input type="checkbox"/> EK <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
GAS	License #: _____	Phone #: _____	
ROOFING	Print Name: _____	Signature: _____	<input type="checkbox"/> EPO <input type="checkbox"/> LMB <input type="checkbox"/> W/C <input type="checkbox"/> EK <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
CCP	License #: _____	Phone #: _____	
SHEET METAL	Print Name: _____	Signature: _____	<input type="checkbox"/> EPO <input type="checkbox"/> LMB <input type="checkbox"/> W/C <input type="checkbox"/> EK <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
CCP	License #: _____	Phone #: _____	
FIRE SYSTEM	Print Name: _____	Signature: _____	<input type="checkbox"/> EPO <input type="checkbox"/> LMB <input type="checkbox"/> W/C <input type="checkbox"/> EK <input type="checkbox"/> DE
SPRINKLER	Company Name: _____		
CCP	License #: _____	Phone #: _____	
SOLAR	Print Name: _____	Signature: _____	<input type="checkbox"/> EPO <input type="checkbox"/> LMB <input type="checkbox"/> W/C <input type="checkbox"/> EK <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: _____		
CCP	License #: _____	Phone #: _____	
STATE	Print Name: _____	Signature: _____	<input type="checkbox"/> EPO <input type="checkbox"/> LMB <input type="checkbox"/> W/C <input type="checkbox"/> EK <input type="checkbox"/> DE
SPECIALTY	Company Name: _____		
CCP	License #: _____	Phone #: _____	