

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 47549

JOB NAME 1687 NW Queen RD.

**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"/> CC# _____	Print Name <u>Charles Button</u> Signature <u><i>Charles Button</i></u> Company Name: <u>Owner/Builder</u> License #: _____      Phone #: <u>941-815-7287</u>	<b>Need</b> -- Lic -- Liab -- W/C -- EX -- DE
<b>MECHANICAL/A/C</b> <input type="checkbox"/> CC# _____	Print Name <u>Richard Touchstone</u> Signature <u><i>Richard Touchstone</i></u> Company Name: <u>Touchstone Heating and Air Inc.</u> License #: <u>CACO58099</u> Phone #: <u>386-496-3467</u>	<b>Need</b> -- Lic -- Liab -- W/C -- EX -- DE
<b>PLUMBING/GAS</b> <input type="checkbox"/> CC# _____	Print Name <u>George Degler</u> Signature _____ Company Name: <u>A Proud Plumber</u> License #: <u>CFC1427133</u> Phone #: <u>386-438-9635</u>	<b>Need</b> -- Lic -- Liab -- W/C -- EX -- DE
<b>ROOFING</b> <input type="checkbox"/> CC# _____	Print Name <u>Charles Button</u> Signature <u><i>Charles Button</i></u> Company Name: <u>Owner/Builder</u> License #: _____      Phone #: <u>941-815-7287</u>	<b>Need</b> -- Lic -- Liab -- W/C -- EX -- DE
<b>SHEET METAL</b> <input type="checkbox"/> CC# _____	Print Name _____      Signature _____ Company Name: _____ License #: _____      Phone #: _____	<b>Need</b> -- Lic -- Liab -- W/C -- EX -- DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/> CC# _____	Print Name _____      Signature _____ Company Name: _____ License #: _____      Phone #: _____	<b>Need</b> -- Lic -- Liab -- W/C -- EX -- DE
<b>SOLAR</b> <input type="checkbox"/> CC# _____	Print Name _____      Signature _____ Company Name: _____ License #: _____      Phone #: _____	<b>Need</b> -- Lic -- Liab -- W/C -- EX -- DE
<b>STATE SPECIALTY</b> <input type="checkbox"/> CC# _____	Print Name _____      Signature _____ Company Name: _____ License #: _____      Phone #: _____	<b>Need</b> -- Lic -- Liab -- W/C -- EX -- DE