

## 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.

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