

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.columbiacountyga.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.

ELECTRICAL	Print Name: <u>Shawn Reynolds</u> Signature: <u>Shawn Reynolds</u>	Need Lic Lab W/C EX DE
☐	Company Name: <u>N.C.F ELECTRICAL SERVICES LLC</u>	
CCR	License #: <u>EC13011480</u> Phone #: <u>904-267-8977</u>	
MECHANICAL/A/C	Print Name: <u>Derrick Williams</u> Signature: <u>[Signature]</u>	Need Lic Lab W/C EX DE
☐	Company Name: <u>D.L. Williams Heating & Cooling, LLC</u>	
CCR	License #: <u>CAC 1816 913</u> Phone #: <u>(386) 754-1987</u>	
PLUMBING/GAS	Print Name: <u>Lody Barrs</u> Signature: <u>[Signature]</u>	Need Lic Lab W/C EX DE
☒	Company Name: <u>BARRS Plumbing</u>	
CCR	License #: <u>CF4407145</u> Phone #: <u>386-252-8656</u>	
ROOFING	Print Name: <u>Benjamin Kester</u> Signature: <u>[Signature]</u>	Need Lic Lab W/C EX DE
☒	Company Name: <u>Kester Roofing LLC</u>	
CCR	License #: <u>CCC1330509</u> Phone #: <u>(352) 514-4930</u>	
SHEET METAL	Print Name: _____ Signature: _____	Need Lic Lab W/C EX DE
☐	Company Name: _____	
CCR	License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER	Print Name: _____ Signature: _____	Need Lic Lab W/C EX DE
☐	Company Name: _____	
CCR	License #: _____ Phone #: _____	
SOLAR	Print Name: _____ Signature: _____	Need Lic Lab W/C EX DE
☐	Company Name: _____	
CCR	License #: _____ Phone #: _____	
STATE SPECIALTY	Print Name: _____ Signature: _____	Need Lic Lab W/C EX DE
☐	Company Name: _____	
CCR	License #: _____ Phone #: _____	