

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME WEST PACES - RESIDENCE

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.

ELECTRICAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature <u>[Signature]</u> Company Name: <u>BARRS Plumbing, INC.</u> License #: <u>CFC 1427145</u> Phone #: <u>(351) 623-0509</u>	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need <input type="checkbox"/> Uc <input type="checkbox"/> Uab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE