

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME Gene Phelps

**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><br><input type="checkbox"/>            | Print Name <u>Gene Phelps</u> Signature <u>[Signature]</u>                | <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 |
| CC# _____                                                | Company Name: _____<br>License #: <u>O/B</u> Phone #: <u>303-520-4739</u> |                                                                                                                                                                            |
| <b>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name <u>Gene Phelps</u> Signature <u>[Signature]</u>                | <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 |
| CC# _____                                                | Company Name: _____<br>License #: <u>O/B</u> Phone #: <u>303-520-4739</u> |                                                                                                                                                                            |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name <u>Gene Phelps</u> Signature <u>[Signature]</u>                | <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 |
| CC# _____                                                | Company Name: _____<br>License #: <u>O/B</u> Phone #: <u>303-520-4739</u> |                                                                                                                                                                            |
| <b>ROOFING</b><br><input type="checkbox"/>               | 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 |
| CC# _____                                                | Company Name: _____<br>License #: _____ Phone #: _____                    |                                                                                                                                                                            |
| <b>SHEET METAL</b><br><input type="checkbox"/>           | 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 |
| CC# _____                                                | Company Name: _____<br>License #: _____ Phone #: _____                    |                                                                                                                                                                            |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/> | 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 |
| CC# _____                                                | Company Name: _____<br>License #: _____ Phone #: _____                    |                                                                                                                                                                            |
| <b>SOLAR</b><br><input type="checkbox"/>                 | 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 |
| CC# _____                                                | Company Name: _____<br>License #: _____ Phone #: _____                    |                                                                                                                                                                            |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/>       | 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 |
| CC# _____                                                | Company Name: _____<br>License #: _____ Phone #: _____                    |                                                                                                                                                                            |