

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME

Githan Pool

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 checked="" type="checkbox"/> | Print Name <u>Marc Matthews</u>        | Signature <u>[Signature]</u>   | Need<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: <u>Matthews Electric</u> | Phone #: <u>(386) 344-2029</u> |   |
|  | License #: <u>EC13005459</u>           |                                |   |
| <b>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name _____                       | Signature _____                | Need<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: _____                    | Phone #: _____                 |   |
|  | License #: _____                       |                                |   |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name _____                       | Signature _____                | Need<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: _____                    | Phone #: _____                 |   |
|  | License #: _____                       |                                |   |
| <b>ROOFING</b><br><input type="checkbox"/>               | Print Name _____                       | Signature _____                | Need<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: _____                    | Phone #: _____                 |   |
|  | License #: _____                       |                                |   |
| <b>SHEET METAL</b><br><input type="checkbox"/>           | Print Name _____                       | Signature _____                | Need<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: _____                    | Phone #: _____                 |   |
|  | License #: _____                       |                                |   |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/> | Print Name _____                       | Signature _____                | Need<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: _____                    | Phone #: _____                 |   |
|  | License #: _____                       |                                |   |
| <b>SOLAR</b><br><input type="checkbox"/>                 | Print Name _____                       | Signature _____                | Need<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: _____                    | Phone #: _____                 |   |
|  | License #: _____                       |                                |   |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/>       | Print Name _____                       | Signature _____                | Need<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: _____                    | Phone #: _____                 |   |
|  | License #: _____                       |                                |   |