

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.

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| ELECTRICAL <input type="checkbox"/> | Print Name <u>Leonard Johnson</u> Signature <u>[Signature]</u> | Need Lic Liab W/C EX DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: <u>386-867-0142</u> | |
| MECHANICAL/A/C <input type="checkbox"/> | Print Name <u>Mark Touchstone</u> Signature <u>[Signature]</u> | Need Lic Liab W/C EX DE |
| CC# _____ | Company Name: <u>Touchstone Heating and Air</u> License #: <u>CAC058099</u> Phone #: <u>386-867-0625</u> | |
| PLUMBING/GAS <input type="checkbox"/> | Print Name <u>Leonard Johnson</u> Signature <u>[Signature]</u> | Need Lic Liab W/C EX DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: <u>386-867-0142</u> | |
| ROOFING <input checked="" type="checkbox"/> | Print Name <u>Maurice Perkins</u> Signature <u>[Signature]</u> | Need Lic Liab W/C EX DE |
| CC# _____ | Company Name: <u>M.E. Perkins Cores 7 1/2 Plumbing</u> License #: <u>CBC 1251469</u> Phone #: <u>386-208-2791</u> | |
| SHEET METAL <input type="checkbox"/> | Print Name _____ Signature _____ | Need Lic Liab W/C EX DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| FIRE SYSTEM/SPRINKLER <input type="checkbox"/> | Print Name _____ Signature _____ | Need Lic Liab W/C EX DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| SOLAR <input type="checkbox"/> | Print Name _____ Signature _____ | Need Lic Liab W/C EX DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |
| STATE SPECIALTY <input type="checkbox"/> | Print Name _____ Signature _____ | Need Lic Liab W/C EX DE |
| CC# _____ | Company Name: _____ License #: _____ Phone #: _____ | |