SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____   JOB NAME _Scott_____

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.

Trade	Details	Need
ELECTRICAL CC#_____	Print Name _Jeff Burns_ Signature _Matt Burns_ Company Name: _Burns Electric Service_ License #: _EC13006531_ Phone #: _386-365-3680_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C CC#_____	Print Name _N/A_ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS CC#_____	Print Name _N/A_ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING CC#_____	Print Name _Mike Todd_ Signature _____ Company Name: _Mike Todd Construction_ License #: _CGC006209_ Phone #: _386-867-0477_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL CC#_____	Print Name _N/A_ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER CC#_____	Print Name _N/A_ Signature _____ Company Name: _____ License#: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR CC#_____	Print Name _N/A_ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY CC#_____	Print Name _N/A_ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

Ref: F.S. 440.103; ORD. 2016-30