SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Vera Salon

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.

		Need
ELECTRICAL ☐ CC#_____	Print Name Donald Davis Signature [signature] Company Name: High Springs Electric, Inc License #: EC0002306 Phone #: 386-623-0499	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#_____	Print Name Stephen Brisbois Signature [signature] Company Name: Central Home Heating & Air, DBA Epic A/C Service License #: CAC1819412 Phone #: 386 623 1609	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name Cody Barrs Signature [signature] Company Name: Barrs Plumbing, Inc. License #: CFC1427145 Phone #: 386-623-0509	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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