

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.

ELECTRICAL	☐	CC# _____	Print Name _____ Company Name _____ License #: _____ Phone #: _____	Signature _____ Phone #: _____	Need Lic Uab W/C EX DE
MECHANICAL/A/C	☐	CC# _____	Print Name _____ Company Name _____ License #: _____ Phone #: _____	Signature _____ Phone #: _____	Need Lic Uab W/C EX DE
PLUMBING/GAS	☐	CC# _____	Print Name <i>Kenneth Ault</i> Company Name <i>Kenneth Edward Ault Plumbing, Inc.</i> License #: <i>CFC1429807</i> Phone #: <i>386-697-3856</i>	Signature _____ Phone #: _____	Need Lic Uab W/C EX DE
ROOFING	☐	CC# _____	Print Name _____ Company Name _____ License #: _____ Phone #: _____	Signature _____ Phone #: _____	Need Lic Uab W/C EX DE
SHEET METAL	☐	CC# _____	Print Name _____ Company Name _____ License #: _____ Phone #: _____	Signature _____ Phone #: _____	Need Lic Uab W/C EX DE
FIRE SYSTEM/SPRINKLER	☐	CC# _____	Print Name _____ Company Name _____ License #: _____ Phone #: _____	Signature _____ Phone #: _____	Need Lic Uab W/C EX DE
SOLAR	☐	CC# _____	Print Name _____ Company Name _____ License #: _____ Phone #: _____	Signature _____ Phone #: _____	Need Lic Uab W/C EX DE
STATE SPECIALTY	☐	CC# _____	Print Name _____ Company Name _____ License #: _____ Phone #: _____	Signature _____ Phone #: _____	Need Lic Uab W/C EX DE

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