

SUBCONTRACTOR VERIFICATION

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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 ☒	Print Name: <u>Vladimir Luis Betancourt</u> Signature: <u>[Signature]</u> Company Name: <u>owner</u> CC# _____ License #: <u>By owner</u> Phone #: <u>407-607-1358</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☒	Print Name: <u>Vladimir Luis Betancourt</u> Signature: <u>[Signature]</u> Company Name: _____ CC# _____ License #: <u>By owner</u> Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☒	Print Name: <u>Vladimir Luis Betancourt</u> Signature: <u>[Signature]</u> Company Name: _____ CC# _____ License #: <u>By owner</u> Phone #: <u>407-607-1358</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☒	Print Name: <u>Vladimir Luis Betancourt</u> Signature: <u>[Signature]</u> Company Name: _____ CC# _____ License #: <u>By owner</u> Phone #: <u>407-607-1358</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name: _____ Signature: _____ Company Name: _____ CC# _____ License #: _____ Phone #: <u>407-607-1358</u>	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name: _____ Signature: _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name: _____ Signature: _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name: _____ Signature: _____ Company Name: _____ CC# _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE