

SUBCONTRACTOR VERIFICATION

65

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>NA</u> | Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| <input type="checkbox"/> | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| MECHANICAL | Print Name _____ | Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| A/C <input type="checkbox"/> | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| PLUMBING/ GAS <input type="checkbox"/> | Print Name _____ | Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ | | |
| | License #: _____ | Phone #: _____ | |
| ROOFING | Print Name _____ | Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| <input type="checkbox"/> | Company Name: _____ | | |
| CC# _____ | License #: _____ | | |
| SHEET METAL | Print Name _____ | Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| <input type="checkbox"/> | Company Name: _____ | | |
| CC# _____ | License #: _____ | | |
| FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> | Print Name _____ | Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ | | |
| | License #: _____ | Phone #: _____ | |
| SOLAR | Print Name _____ | Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| <input type="checkbox"/> | Company Name: _____ | | |
| CC# _____ | License #: _____ | Phone #: _____ | |
| STATE SPECIALTY <input type="checkbox"/> | Print Name _____ | Signature _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | Company Name: _____ | | |
| | License #: _____ | Phone #: _____ | |