

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

48918

JOB NAME

Clinton Residence

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.

<b>ELECTRICAL</b>	Print Name <u>Michael Swaine Oliver</u> Signature <u>[Signature]</u>	Need
<input checked="" type="checkbox"/>	Company Name: <u>Oliver Electrical Services</u>	Lic
CCR#	License #: <u>EL-000 1513</u> Phone #: <u>352-339-4099</u>	Liab
		W/C
		EX
		DE
<b>MECHANICAL/A/C</b>	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	Lic
CCR#	License #: _____ Phone #: _____	Liab
		W/C
		EX
		DE
<b>PLUMBING/GAS</b>	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	Lic
CCR#	License #: _____ Phone #: _____	Liab
		W/C
		EX
		DE
<b>ROOFING</b>	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	Lic
CCR#	License #: _____ Phone #: _____	Liab
		W/C
		EX
		DE
<b>SHEET METAL</b>	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	Lic
CCR#	License #: _____ Phone #: _____	Liab
		W/C
		EX
		DE
<b>FIRE SYSTEM/SPRINKLER</b>	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	Lic
CCR#	License #: _____ Phone #: _____	Liab
		W/C
		EX
		DE
<b>SOLAR</b>	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	Lic
CCR#	License #: _____ Phone #: _____	Liab
		W/C
		EX
		DE
<b>STATE SPECIALTY</b>	Print Name _____ Signature _____	Need
<input type="checkbox"/>	Company Name: _____	Lic
CCR#	License #: _____ Phone #: _____	Liab
		W/C
		EX
		DE

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