SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _#72920_   JOB NAME _421 SE Alfred Markham St._
lake city, FL 32025

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.

Trade	Details	Need
ELECTRICAL ☑	Print Name _William Jones_ Signature _William Jones_ Company Name: _Owner_ CC#_____ License #: _____ Phone #: _386-848-1091_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☑	Print Name _William Jones_ Signature _William Jones_ Company Name: _Owner_ CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☑	Print Name _William Jones_ Signature _William Jones_ Company Name: _Owner_ CC#_____ License #: _____ Phone #: _848-1091_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☑	Print Name _William Jones_ Signature _William Jones_ Company Name: _Owner_ CC#_____ License #: _____ Phone #: _848-1091_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ CC#_____ License #: _____ Phone #: _848-1091_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ CC#_____ License#: _____ Phone #: _848-1091_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _S_ Company Name: _____ CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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