

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME

Glenn Pool

**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><br><br><input checked="" type="checkbox"/> <b>CC#</b> | Print Name: <u>Marc Matthews</u> Signature: <u>[Signature]</u><br>Company Name: <u>Matthews Electric</u><br>License #: <u>EC13005459</u> Phone #: <u>(386) 344-2029</u> | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> w/c<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>MECHANICAL/A/C</b><br><br><input type="checkbox"/> <b>CC#</b>        | Print Name: _____      Signature: _____<br>Company Name: _____<br>License #: _____      Phone #: _____                                                                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> w/c<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>PLUMBING/GAS</b><br><br><input type="checkbox"/> <b>CC#</b>          | Print Name: _____      Signature: _____<br>Company Name: _____<br>License #: _____      Phone #: _____                                                                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> w/c<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>ROOFING</b><br><br><input type="checkbox"/> <b>CC#</b>               | Print Name: _____      Signature: _____<br>Company Name: _____<br>License #: _____      Phone #: _____                                                                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> w/c<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SHEET METAL</b><br><br><input type="checkbox"/> <b>CC#</b>           | Print Name: _____      Signature: _____<br>Company Name: _____<br>License #: _____      Phone #: _____                                                                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> w/c<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>FIRE SYSTEM/SPRINKLER</b><br><br><input type="checkbox"/> <b>CC#</b> | Print Name: _____      Signature: _____<br>Company Name: _____<br>License #: _____      Phone #: _____                                                                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> w/c<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SOLAR</b><br><br><input type="checkbox"/> <b>CC#</b>                 | Print Name: _____      Signature: _____<br>Company Name: _____<br>License #: _____      Phone #: _____                                                                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> w/c<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>STATE SPECIALTY</b><br><br><input type="checkbox"/> <b>CC#</b>       | Print Name: _____      Signature: _____<br>Company Name: _____<br>License #: _____      Phone #: _____                                                                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> w/c<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |