

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME _____

Chadduck 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.

ELECTRICAL <input type="checkbox"/>	Print Name <u>Michael Chadduck</u>	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: <u>SEIF</u>		
License #: _____	Phone #: <u>269-207-5920</u>		
MECHANICAL/ <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
A/C <input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____		Phone #: _____
PLUMBING/ <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
GAS <input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____		Phone #: _____
ROOFING <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 #: _____		
SHEET METAL <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 #: _____		
FIRE SYSTEM/ <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
SPRINKLER <input type="checkbox"/>	Company Name: _____		
CC# _____	License #: _____		Phone #: _____
SOLAR <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 #: _____		
STATE <input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab