

# 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.

<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>MARK MATHEWS</u> Signature _____ Company Name: <u>MATHEWS ELECTRIC</u> License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>MECHANICAL/</b> <b>A/C</b> <input type="checkbox"/>	Print Name <u>DEREK WILLIAMS</u> Signature _____ Company Name: <u>DEREK WILLIAMS HEATING &amp; COOLING</u> License #: <u>CAC1816913</u> Phone #: <u>386-784-1987</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>PLUMBING/</b> <b>GAS</b> <input type="checkbox"/>	Print Name <u>FRANK SOUCINEK</u> Signature _____ Company Name: <u>DEPENDABLE PLUMBING</u> License #: <u>CFC057747</u> Phone #: <u>886-752-5218</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>SPRINKLER ROOFING INC</u> Signature _____ Company Name: <u>SPRINKLER ROOFING INC</u> License #: <u>CCC132692</u> Phone #: <u>386-288-5466</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>FIRE SYSTEM/</b> <b>SPRINKLER</b> <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<b>STATE</b> <b>SPECIALTY</b> <input type="checkbox"/>	Print Name <u>NA</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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<b>ELECTRICAL</b> <input type="checkbox"/>	Print Name <u>MARK MATHEWS</u> Signature <u>[Signature]</u> Company Name: <u>MATHEWS ELECTRIC</u> License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>76</u>		
<b>MECHANICAL/A/C</b> <input type="checkbox"/>	Print Name <u>DEREK WILLIAMS</u> Signature <u>[Signature]</u> Company Name: <u>DEREK WILLIAMS HEATING &amp; COOLING</u> License #: <u>CAC1816913</u> Phone #: <u>386-754-1987</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>13</u>		
<b>PLUMBING/GAS</b> <input type="checkbox"/>	Print Name <u>FRANK SOUCINEK</u> Signature <u>[Signature]</u> Company Name: <u>DEPENDABLE PLUMBING</u> License #: <u>CFC057747</u> Phone #: <u>386-752-5218</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# <u>868</u>		
<b>ROOFING</b> <input type="checkbox"/>	Print Name <u>TO BE DECIDED</u> Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____		
<b>SHEET METAL</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____		
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____		
<b>SOLAR</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____		
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: <u>NA</u> License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____		