SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _Patricia Gra___

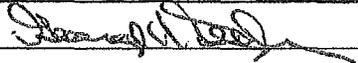## THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is UNDERLINED 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_____ Signature_____		Lic / Liab / W/C / EX / DE
	☐	Company Name:_____		
CC#_____		License #:_____ Phone #:_____		
MECHANICAL/		Print Name_____ Signature_____		Lic / Liab / W/C / EX / DE
A/C ___	☐	Company Name:_____		
CC#_____		License #:_____ Phone #:_____		
PLUMBING/		Print Name George Degler Signature_____		Lic / Liab / W/C / EX / DE
GAS	☐	Company Name: A Proud Plumber LLC		
CC#_____		License #: CFC 1427133 Phone #: 386-438-9635		
ROOFING		Print Name_____ Signature_____		Lic / Liab / W/C / EX / DE
	☐	Company Name:_____		
CC#_____		License #:_____ Phone #:_____		
SHEET METAL		Print Name_____ Signature_____		Lic / Liab / W/C / EX / DE
	☐	Company Name:_____		
CC#_____		License #:_____ Phone #:_____		
FIRE SYSTEM/		Print Name_____ Signature_____		Lic / Liab / W/C / EX / DE
SPRINKLER	☐	Company Name:_____		
CC#_____		License#:_____ Phone #:_____		
SOLAR		Print Name_____ Signature_____		Lic / Liab / W/C / EX / DE
	☐	Company Name:_____		
CC#_____		License #:_____ Phone #:_____		
STATE ☐		Print Name_____ Signature_____		Lic / Liab / W/C / EX / DE
SPECIALTY		Company Name:_____		
CC#_____		License #:_____ Phone #:_____		

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