

# SUBCONTRACTOR VERIFICATION

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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>                                          | Print Name <u>Tim Shearon</u> | Signature <u>[Signature]</u> | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <input checked="" type="checkbox"/>                        | Company Name: _____           |                              |                                                                                                                                                                     |
| CC# _____                                                  | License #: _____              | Phone #: <u>386-697-0647</u> |                                                                                                                                                                     |
| <b>MECHANICAL</b>                                          | Print Name _____              | Signature _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>A/C</b> <input type="checkbox"/>                        | Company Name: _____           |                              |                                                                                                                                                                     |
| CC# _____                                                  | License #: _____              | Phone #: _____               |                                                                                                                                                                     |
| <b>PLUMBING/<br/>GAS</b> <input type="checkbox"/>          | Print Name _____              | Signature _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                  | Company Name: _____           |                              |                                                                                                                                                                     |
| License #: _____                                           | Phone #: _____                |                              |                                                                                                                                                                     |
| <b>ROOFING</b> <input type="checkbox"/>                    | Print Name _____              | Signature _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                  | Company Name: _____           |                              |                                                                                                                                                                     |
| License #: _____                                           | Phone #: _____                |                              |                                                                                                                                                                     |
| <b>SHEET METAL</b> <input type="checkbox"/>                | Print Name _____              | Signature _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                  | Company Name: _____           |                              |                                                                                                                                                                     |
| License #: _____                                           | Phone #: _____                |                              |                                                                                                                                                                     |
| <b>FIRE SYSTEM/<br/>SPRINKLER</b> <input type="checkbox"/> | Print Name _____              | Signature _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                  | Company Name: _____           |                              |                                                                                                                                                                     |
| License #: _____                                           | Phone #: _____                |                              |                                                                                                                                                                     |
| <b>SOLAR</b> <input type="checkbox"/>                      | Print Name _____              | Signature _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                  | Company Name: _____           |                              |                                                                                                                                                                     |
| License #: _____                                           | Phone #: _____                |                              |                                                                                                                                                                     |
| <b>STATE<br/>SPECIALTY</b> <input type="checkbox"/>        | Print Name _____              | Signature _____              | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                  | Company Name: _____           |                              |                                                                                                                                                                     |
| License #: _____                                           | Phone #: _____                |                              |                                                                                                                                                                     |