SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____   JOB NAME _D. Davis 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 <u>REQUIRED</u> 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 [ ] CC#_____	Print Name _Marcus Matthews_ Signature _[signature]_ Company Name: _Matthews Electric LLC_ License #: _EC13005457_ Phone #: _386-344-2029_	Lic Liab W/C EX DE
MECHANICAL/ A/C [ ] CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic Liab W/C EX DE
PLUMBING/ GAS [ ] CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic Liab W/C EX DE
ROOFING [ ] CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic Liab W/C EX DE
SHEET METAL [ ] CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic Liab W/C EX DE
FIRE SYSTEM/ SPRINKLER [ ] CC#_____	Print Name_____ Signature_____ Company Name:_____ License#:_____ Phone #:_____	Lic Liab W/C EX DE
SOLAR [ ] CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic Liab W/C EX DE
STATE [ ] **SPECIALTY** CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Lic Liab W/C EX DE

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