

# 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>

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Violations will result in stop work orders and/or fines.

|                                                                  |                                                                                                                                                         |                                                                                                                                                                            |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELECTRICAL</b><br><input type="checkbox"/>                    | Print Name <u>MARCUS MATTHEWS</u> Signature _____<br>Company Name: <u>MARK MATTHEWS ELECTRIC</u><br>License #: <u>000076</u> Phone #: _____             | <b>Need</b><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>MECHANICAL/</b><br><b>A/C</b> <input type="checkbox"/>        | Print Name <u>ROBERT JARVIS</u> Signature _____<br>Company Name: <u>JARVIS HEAT &amp; AIR</u><br>License #: <u>001313</u> Phone #: _____                | <b>Need</b><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>PLUMBING/</b><br><b>GAS</b> <input type="checkbox"/>          | Print Name <u>CODY BARRS</u> Signature <u>[Signature]</u><br>Company Name: <u>BARRS PLUMBING</u><br>License #: <u>000715 CFC1427145</u> Phone #: _____  | <b>Need</b><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>ROOFING</b><br><input type="checkbox"/>                       | Print Name <u>Joseph Peurung</u> Signature <u>[Signature]</u><br>Company Name: <u>Benchmark Builders</u><br>License #: <u>CBC1259347</u> Phone #: _____ | <b>Need</b><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>SHEET METAL</b><br><input type="checkbox"/>                   | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                              | <b>Need</b><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>FIRE SYSTEM/</b><br><b>SPRINKLER</b> <input type="checkbox"/> | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                              | <b>Need</b><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>SOLAR</b><br><input type="checkbox"/>                         | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                              | <b>Need</b><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>STATE</b><br><b>SPECIALTY</b> <input type="checkbox"/>        | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                              | <b>Need</b><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 |

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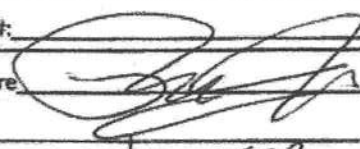
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|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELECTRICAL</b><br><br><input type="checkbox"/> CC# _____            | Print Name <u>MARCUS MATTHEWS</u> Signature _____<br>Company Name: <u>MARK MATTHEWS ELECTRIC</u><br>License #: <u>000076</u> Phone #: _____                                                                                         | <b>Need</b><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>MECHANICAL/A/C</b><br><br><input type="checkbox"/> CC# _____        | Print Name <u>ROBERT JARVIS</u> Signature <br>Company Name: <u>JARVIS HEAT &amp; AIR</u><br>License #: <u>001313</u> Phone #: <u>352 316-4573</u> | <b>Need</b><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>PLUMBING/GAS</b><br><br><input type="checkbox"/> CC# _____          | Print Name <u>CODY BARRS</u> Signature _____<br>Company Name: <u>BARRS PLUMBING</u><br>License #: <u>000715</u> Phone #: _____                                                                                                      | <b>Need</b><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>ROOFING</b><br><br><input type="checkbox"/> CC# _____               | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                          | <b>Need</b><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>SHEET METAL</b><br><br><input type="checkbox"/> CC# _____           | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                          | <b>Need</b><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>FIRE SYSTEM/SPRINKLER</b><br><br><input type="checkbox"/> CC# _____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                          | <b>Need</b><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>SOLAR</b><br><br><input type="checkbox"/> CC# _____                 | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                          | <b>Need</b><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>STATE SPECIALTY</b><br><br><input type="checkbox"/> CC# _____       | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                          | <b>Need</b><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 |

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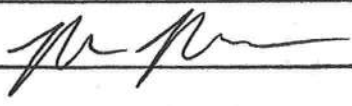
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|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELECTRICAL</b><br><input type="checkbox"/>            | Print Name <u>MARCUS MATTHEWS</u> Signature <u></u><br>Company Name: <u>MATTHEWS ELECTRIC</u><br>License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u> | <b>Need</b><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>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name <u>ROBERT JARVIS</u> Signature _____<br>Company Name: <u>JARVIS HEAT &amp; AIR</u><br>License #: <u>001313</u> Phone #: _____                                                                                                     | <b>Need</b><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>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name <u>CODY BARRS</u> Signature _____<br>Company Name: <u>BARRS PLUMBING</u><br>License #: <u>000715</u> Phone #: _____                                                                                                               | <b>Need</b><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>ROOFING</b><br><input type="checkbox"/>               | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                                   | <b>Need</b><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>SHEET METAL</b><br><input type="checkbox"/>           | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                                   | <b>Need</b><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>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/> | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                                   | <b>Need</b><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>SOLAR</b><br><input type="checkbox"/>                 | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                                   | <b>Need</b><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>STATE SPECIALTY</b><br><input type="checkbox"/>       | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                                                                   | <b>Need</b><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 |