

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____

JOB NAME

Calverley 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 **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.

ELECTRICAL ☒ CC#	Print Name: <u>Marc Matthews</u> Company Name: <u>Matthews Electric</u> License #: <u>EC13005459</u>	Signature: <u>[Signature]</u> Phone #: <u>(386) 344-2029</u>	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐ CC#	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐ CC#	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐ CC#	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#	Print Name: _____ Company Name: _____ License #: _____	Signature: _____ Phone #: _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE