SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Dava Walter

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 Dennis Dumas Signature Company Name: High Springs Electric Inc License #: ECN0002306 Phone #: 386-623-4895	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ **A/C** X CC#_____	Print Name Stephen Brisbois Signature Company Name: Eric AC License #: CAC1819412 Phone #: (386) 623-1409	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ **GAS** CC#	Print Name Dan Wills Signature Company Name: Home Town Plumbing License #: CFC1428890 Phone #: 386-754-6140	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING CC#_____	Print Name Ralph Lavendure Signature Company Name: RWL Roofing License #: CCC1328590 Phone #: 386 423 0178	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ **SPRINKLER** CC#_____	Print Name_____ Signature_____ Company Name:_____ License#:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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