

SUBCONTRACTOR VERIFICATIONAPPLICATION/PERMIT # _____ JOB NAME Deborah L Garde Storm Damage Repair**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 _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC# _____	Print Name <u>Bryon O. Maynor</u> Signature <u><i>Bryon Maynor</i></u> Company Name: <u>M6 Building Solutions LLC</u> License #: <u>CCC1332280</u> Phone #: <u>214 476 5120</u>	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<u>Need</u> ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE