## SUBCONTRACTOR VERIFICATION

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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

***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.

| | | Need |
|---|---|---|
| **ELECTRICAL** ☐ CC#_____ | Print Name Joyce Anderson Signature Joyce Anderson<br>Company Name: Owner<br>License #: _____ Phone #: 772-528-0891 | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **MECHANICAL** **A/C** ☐ CC#_____ | Print Name_____ Signature_____<br>Company Name:_____<br>License #: _____ Phone #:_____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **PLUMBING/** **GAS** ☐ CC#_____ | Print Name_____ Signature_____<br>Company Name:_____<br>License #: _____ Phone #:_____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **ROOFING** ☐ CC#_____ | Print Name_____ Signature_____<br>Company Name:_____<br>License #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **SHEET METAL** ☐ CC#_____ | Print Name_____<br>Company Name: _____<br>License #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **FIRE SYSTEM/** **SPRINKLER** ☐ CC#_____ | Print Name_____<br>Company Name:_____<br>License#: _____ Phone #:_____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **SOLAR** ☐ CC#_____ | Print Name_____ Signature_____<br>Company Name_____<br>License #: _____ Phone #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |
| **STATE SPECIALTY** ☐ CC#_____ | _____ Signature_____<br>Name: _____<br>License #: _____ Phone #: _____ | ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE |

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