SUBCONTRACTOR VERIFICATION

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.

Company Name: Prestige Electric	ELECTRICAL	Print Name Len Eaves	Signature Sen Enus	Need Lic
CC#				
MECHANICAL	CC#		Phone #: 352-245-0650	□ EX
A/C	MECHANICAL/	Print Name	Signature	-
CC#				
Description Print Name				
PILMBING	CC#	License #:	Phone #:	
Company Name:	PLUMBING/	Print Name	Signature	-
CC#	GAS	Company Name:		1 22 mag
ROOFING	CC#			□ EX
Company Name:	ROOFING			
CC#				1 22 200
CC#		Company Name:		
SHEET METAL	CC#	License #:	Phone #:	
Company Name:	SHEET METAL	Print Name	Signature	
CC# License #:				□ Liab
CC# License #:				
FIRE SYSTEM/ SPRINKLER Company Name: License#: Phone #: Signature Phone #: Signature Need License #: Company Name: Company Name: Company Name: Phone #: Signature Need License #: Phone #: Signature Need License #: Signature Need License #: Signature License #: Phone #: Signature License #: Phone #: Signature	CC#	License #:	Phone #:	DE
SPRINKLER Company Name: W/C CC# License#: Phone #: DE SOLAR Print Name Signature License #: License #: W/C CC# License #: Phone #: DE Need DE STATE Print Name Signature License #: License #: License #: License #: DE SPECIALTY Company Name: Signature License #: License #:	FIRE SYSTEM/	Print Name	Signature	
CC# License#: Phone #: DE SOLAR Print Name Signature Need Company Name: W/C License #: Phone #: EX CC# License #: Phone #: DE STATE Print Name Signature Need SPECIALTY Company Name: Uicense	SPRINKLER	Company Name:		
SOLAR Print Name Signature Lic Company Name: Phone #: EX CC# License #: Phone #: DE STATE Print Name Signature Lic SPECIALTY Company Name: EX				
SOLAR Print Name Signature Licelab Company Name: Phone #: EX STATE Print Name Signature Need SPECIALTY Company Name: Uicelab SPECIALTY Company Name: EX	CC#	License#:	Phone #:	
Company Name:	SOLAR	Print Name	Signature	
CC# License #:		Company Name:		1000
STATE Print NameSignatureLic SPECIALTY Company Name:	CC#			□ EX
SPECIALTY Company Name:				
SPECIALTY Company Name:	STATE	Print Name	Signature	
□ EX	SPECIALTY	Company Name:	<u> </u>	- A
CC# License #: Phone #: □ DE				□ EX