SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # S6928   JOB NAME Hudson Barn Dwelling

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.

Trade	Details	Need
ELECTRICAL ☐	Print Name Marc Matthews Signature _____ Company Name: Matthews Electric LLc CC#_____ License #: EC 13005459 Phone #: 386-344-2029	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐	Print Name Harry Moseley Signature Harry Moseley Company Name: Harry's Heating & AC Inc CC#_____ License #: RA0030316 Phone #: 386 752-2308	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐	Print Name Cody Burg Signature _____ Company Name: Burg's Plumbing CC#_____ License #: CFC1427645 Phone #: 386 623-0505	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name Michael Hudson Signature Mike H Company Name: _____ CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name Michael Hudson Signature Michael H Company Name: _____ CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐	Print Name Michael Hudson Signature Michael H Company Name: _____ CC#_____ License#: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name N/A Signature _____ Company Name: _____ CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name N/A Signature _____ Company Name: _____ CC#_____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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