

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Andrew Hamrick

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.

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|---|---|--|
| ELECTRICAL <input type="checkbox"/> | Print Name <u>Marcus Matthews</u> Signature <u></u> Company Name: <u>Matthews Electric</u> | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u> | |
| MECHANICAL/ A/C <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: _____ Phone #: _____ | |
| PLUMBING/ GAS <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: _____ Phone #: _____ | |
| ROOFING <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: _____ Phone #: _____ | |
| SHEET METAL <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: _____ Phone #: _____ | |
| FIRE SYSTEM/ SPRINKLER <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: _____ Phone #: _____ | |
| SOLAR <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: _____ Phone #: _____ | |
| STATE SPECIALTY <input type="checkbox"/> | Print Name _____ Signature _____ Company Name: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: _____ Phone #: _____ | |