SUBCONTRACTOR VERIFICATION

67051

APPLICATION/PERMIT # _____ JOB NAME Collins / Braun

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 DENNIS CONKLIN Signature _____ Company Name: D&S ELECTRIC License #: EC 13003800 Phone #: 386-623-9055	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#_____	Print Name KIRK SMITH Signature _____ Company Name: CRYSTAL AIR License #: CMC1249384 Phone #: 352-333-0460	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name GEORGE DEGLER Signature _____ Company Name: A PROUD PLUMBER License #: CFC 1427133 Phone #: 386-438-9635	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name CLAYTON CROSIER Signature _____ Company Name: CROSIER & SON License #: CCC057716 Phone #: 352-372-0200	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC# NA	Print Name _____ Signature _____ Company Name: _____ License#: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC# NA	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W ☐ r ☐

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