

# SUBCONTRACTOR VERIFICATION

(65)

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.

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