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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.

ELECTRICAL ☐ CC# 480	Print Name Richard Turner Signature [signature] Company Name: Turner Electric License # ES12000280 Phone #: 229-740-0188	Need: ✓ Lic ✓ Liab ✓ W/C — EX — DE
MECHANICAL/ A/C ☐ CC# _____	Print Name Matt Green Signature [signature] Company Name: Green Sales & Services License #: CAC1820394 Phone #: 386-792-1179	Need: ✓ Lic ✓ Liab ✓ W/C — EX — DE Registration
PLUMBING/ GAS ☑ CC# 1724	Print Name Ronald Cochran Signature [signature] Company Name: Cochran Plumbing License #: CFC1429154 Phone #: 386-208-8080	Need: — Lic — Liab — W/C — EX — DE
ROOFING ☐ CC# _____	Print Name Patricia Jones Signature [signature] Company Name: Chris Mill Homes License #: CRC1332817 Phone #: 229-242-1100	Need: E Registration — Liab — W/C — EX — DE
~~SHEET METAL~~ ☐ CC# _____	Print Name _____ Signature _____ Company Name _____ License #: _____ Phone #: _____	Need: — Lic — Liab — W/C — EX — DE
FIRE SYSTEM/ SPRINKLER ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License#: _____ Phone # _____	Need: — Lic — Liab — W/C — EX — DE
~~SOLAR~~ ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need: — Lic — Liab — W/C — EX — DE
~~STATE~~ ~~SPECIALTY~~ ☐ CC# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need: — Lic — Liab — W/C — EX — DE

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