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.

Trade	Details	Need
ELECTRICAL [ ] CC# *1057*	Print Name *RyAN Felknor* Signature *Ryan Felc* Company Name: *Felknor Electric Inc.* License #: *EC 13003153* Phone #: *352-318-8797*	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C [ ] CC# *770*	Print Name *Tim Shatto* Signature *Tim Shatto* Company Name: *Shatto Heating & Air, Inc.* License #: *CAC 057875* Phone #: *386-496-8224*	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS [ ] CC# *623*	Print Name *MARK Gandkop* Signature *Mark Gansh* Company Name: *Express Plumbing Inc.* License #: *CFC 1428040* Phone #: *386-867-0269*	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING [ ] CC# *1056*	Print Name *Kevin Bedenbaugh* Signature Company Name: *Plumb Level Construction Co. CCC* License #: *CCC 1329482* Phone #: *386-365-5264*	☐ 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#____	Print Name_____ Signature_____ Company Name: _____ License#: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR [ ] CC#____	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/C ☐ EX ☐ DE

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