

# SUBCONTRACTOR VERIFICATION

65

APPLICATION/PERMIT#

JOB NAME

Emma Brown / Junction Bedroom

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