

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

46532

JOB NAME

MANDOLA

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 <input checked="" type="checkbox"/>	Print Name <u>MAT Burns</u>	Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# <u>309</u>	Company Name: <u>MAT Burns Electric, Inc.</u>	Phone #: <u>386-365-3688</u>	
	License #: <u>EC 1300 6531</u>	Phone #: <u>386-935-0444</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____	Phone #: _____	
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____	Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____	Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____	Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____	Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____	Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____	Phone #: _____	
	License #: _____	Phone #: _____	