

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	<input checked="" type="checkbox"/>	Print Name <u>DONNIE DAVIS</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____		Company Name: <u>HIGH SPARKS ELECTRIC</u>		
		License #: <u>EC H0002306</u>	Phone #: _____	
MECHANICAL/	<input checked="" type="checkbox"/>	Print Name <u>DONNIE DAVIS</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____		Company Name: <u>HIGH SPARKS ELECTRIC</u>		
		License #: <u>EC H0002306</u>	Phone #: _____	
PLUMBING/	<input checked="" type="checkbox"/>	Print Name <u>DON 13-115</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____		Company Name: <u>HOME TOWN PLUMBING</u>		
		License #: <u>CFC 1428890</u>	Phone #: <u>386-754-6140</u>	
ROOFING	<input type="checkbox"/>	Print Name <u>Ralph Lawrence</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____		Company Name: <u>RWL Roofing</u>		
		License #: <u>LC 1328590</u>	Phone #: <u>386 423 0178</u>	
SHEET METAL	<input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____		Company Name: _____		
		License #: _____	Phone #: _____	
FIRE SYSTEM/	<input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____		Company Name: _____		
		License #: _____	Phone #: _____	
SOLAR	<input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____		Company Name: _____		
		License #: _____	Phone #: _____	
STATE	<input type="checkbox"/>	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CCH _____		Company Name: _____		
		License #: _____	Phone #: _____	

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