SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _Bullard_____

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 Matt Burns	Signature Heath Br	**Need** — Lic — Liab — W/C — EX — DE
☐	Company Name: Matt Burns Electric Inc.		
CC#_____	License #: EC13006531	Phone #: 386-365-3088	
MECHANICAL/ A/C ☐	Print Name Jan Touchtons	Signature Jan Touchton	**Need** — Lic — Liab — W/C — EX — DE
	Company Name: Touchtons Heating & Air Conditioning, Inc.		
CC#_____	License #: CAC058747	Phone #: 386-362-4509	
PLUMBING/ GAS ☐	Print Name Cody Barrs	Signature	**Need** — Lic — Liab — W/C — EX — DE
	Company Name: Barrs Plumbing, Inc.		
CC#_____	License #: CR57219	Phone #: 386-623-0509	
ROOFING ☐	Print Name Max Bass	Signature Max Bass	**Need** — Lic — Liab — W/C — EX — DE
	Company Name: B+B Homes New Home Builders		
CC#_____	License #: AR282811195	Phone #: 386-935-4371	
SHEET METAL ☐	Print Name_____	Signature_____	**Need** — Lic — Liab — W/C — EX — DE
	Company Name: _____		
CC#_____	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER ☐	Print Name_____	Signature_____	**Need** — Lic — Liab — W/C — EX — DE
	Company Name:_____		
CC#_____	License#: _____	Phone #:_____	
SOLAR ☐	Print Name_____	Signature_____	**Need** — Lic — Liab — W/C — EX — DE
	Company Name: _____		
CC#_____	License #: _____	Phone #: _____	
STATE ☐ SPECIALTY	Print Name_____	Signature_____	**Need** — Lic — Liab — W/C — EX — DE
	Company Name: _____		
CC#_____	License #: _____	Phone #: _____	

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

65