

# SUBCONTRACTOR VERIFICATION

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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.

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