

From: Emaleigh Williams ewilliams@columbiacountyfla.com
Subject: sub form
Date: Mar 6, 2023 at 2:16:45 PM
To: fbgbuddy@hotmail.com

Attached is the sub form to sign and send back to me. J

Emaleigh Williams

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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 type="checkbox"/>	Print Name <u>Robert T. Newton</u> Signature <u>Robert T. Newton</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lic <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: <u>786-972-4151</u>	
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>Robert T. Newton</u> Signature <u>Robert T. Newton</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lic <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC# _____	Company Name: _____ License #: _____ Phone #: <u>786-972-4151</u>	
PLUMBING/GAS <input type="checkbox"/>	Print Name _____ Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Lic <input type="checkbox"/> W/C <input type="checkbox"/> DE
	Company Name: _____	

CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> I A <input type="checkbox"/> III
ROOFING	Print Name _____	Signature _____	Fixed
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> I A <input type="checkbox"/> I A b <input type="checkbox"/> W/C <input type="checkbox"/> I X <input type="checkbox"/> DE
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> DE
SHEET METAL	Print Name _____	Signature _____	Fixed
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> I A <input type="checkbox"/> I A b <input type="checkbox"/> W/C <input type="checkbox"/> I X <input type="checkbox"/> DE
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____	Fixed
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> I A <input type="checkbox"/> I A b <input type="checkbox"/> W/C <input type="checkbox"/> I X <input type="checkbox"/> III
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> III
SOLAR	Print Name _____	Signature _____	Fixed
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> I A <input type="checkbox"/> I A b <input type="checkbox"/> W/C <input type="checkbox"/> I X <input type="checkbox"/> DE
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> DE
STATE SPECIALTY	Print Name _____	Signature _____	Fixed
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> I A <input type="checkbox"/> I A b <input type="checkbox"/> W/C <input type="checkbox"/> I X <input type="checkbox"/> DE
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> DE

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