

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 53851 JOB NAME Fort White Residence/Alone  
w Garage + porch  
**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 checked="" type="checkbox"/>	Print Name <u>Kim Guinn</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> License #: _____ Phone #: <u>904-838-3572</u>	Need - Lic - Liab - W/C - EX - DE
<b>MECHANICAL/A/C</b> <input checked="" type="checkbox"/>	Print Name <u>Kim Guinn</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> License #: _____ Phone #: <u>904-838-3572</u>	Need - Lic - Liab - W/C - EX - DE
<b>PLUMBING/GAS</b> <input checked="" type="checkbox"/>	Print Name <u>Kim Guinn</u> Signature <u>[Signature]</u> Company Name: <u>Owner</u> License #: _____ Phone #: <u>904-838-3572</u>	Need - Lic - Liab - W/C - EX - DE
<b>ROOFING</b> <input checked="" type="checkbox"/>	Print Name <u>James Player</u> Signature <u>[Signature]</u> Company Name: <u>Carports Anywhere Inc</u> License #: <u>CBC1251995</u> Phone #: <u>352 468 1116</u>	Need - Lic - Liab - W/C - EX - DE
<b>SHEET METAL</b> <input checked="" type="checkbox"/>	Print Name <u>James Player</u> Signature <u>[Signature]</u> Company Name: <u>Carports Anywhere Inc</u> License #: <u>CBC1251995</u> Phone #: <u>352 468 1116</u>	Need - Lic - Liab - W/C - EX - DE
<b>FIRE SYSTEM/SPRINKLER</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>SOLAR</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE
<b>STATE SPECIALTY</b> <input type="checkbox"/>	Print Name <u>N/A</u> Signature _____ Company Name: <u>N/A</u> License #: _____ Phone #: _____	Need - Lic - Liab - W/C - EX - DE