

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 51909 JOB NAME Rankin Garage

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>Philip Rankin</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 |
| | | Company Name: <u>OWNER</u> | | |
| CC# | | License #: | Phone #: | |
| MECHANICAL | <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 |
| A/C | | Company Name: | | |
| CC# | | License #: | Phone #: | |
| PLUMBING/ | <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 |
| GAS | | Company Name: | | |
| CC# | | License #: | Phone #: | |
| ROOFING | <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 |
| | | Company Name: | | |
| CC# | | License #: | Phone #: | |
| 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 |
| | | Company Name: | | |
| CC# | | 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 |
| SPRINKLER | | Company Name: | | |
| CC# | | 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 |
| | | Company Name: | | |
| CC# | | 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 |
| SPECIALTY | | Company Name: | | |
| CC# | | License #: | Phone #: | |