

# 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.

ELECTRICAL <input type="checkbox"/>	Print Name <u>Matt Burns</u> Signature <u>[Signature]</u> Company Name: <u>Matt Burns Electric, Inc.</u> <u>386-365-3688</u> Cell	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Lic</div> <div style="border: 1px solid black; padding: 2px;">Liab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
CC# _____	License #: <u>EC 1300 6531</u> Phone #: <u>386-935-0444</u>	
MECHANICAL/ A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Lic</div> <div style="border: 1px solid black; padding: 2px;">Liab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
CC# _____	License #: _____ Phone #: _____	
PLUMBING/ GAS <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Lic</div> <div style="border: 1px solid black; padding: 2px;">Liab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
CC# _____	License #: _____ Phone #: _____	
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Lic</div> <div style="border: 1px solid black; padding: 2px;">Liab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
CC# _____	License #: _____ Phone #: _____	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Lic</div> <div style="border: 1px solid black; padding: 2px;">Liab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
CC# _____	License #: _____ Phone #: _____	
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Lic</div> <div style="border: 1px solid black; padding: 2px;">Liab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
CC# _____	License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Lic</div> <div style="border: 1px solid black; padding: 2px;">Liab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
CC# _____	License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____	<div style="border: 1px solid black; padding: 2px;">Need</div> <div style="border: 1px solid black; padding: 2px;">Lic</div> <div style="border: 1px solid black; padding: 2px;">Liab</div> <div style="border: 1px solid black; padding: 2px;">W/C</div> <div style="border: 1px solid black; padding: 2px;">EX</div> <div style="border: 1px solid black; padding: 2px;">DE</div>
CC# _____	License #: _____ Phone #: _____	