

## 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.

<b>ELECTRICAL</b>		Print Name <u>Len Eaves</u> Signature <u>Len Eaves</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input checked="" type="checkbox"/>		Company Name: <u>Prestige Electric, Inc</u>	
CC#		License #: <u>EC13004956</u> Phone #: <u>352-745-0650</u>	
<b>MECHANICAL/</b>		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
<input type="checkbox"/> A/C		Company Name: _____	
CC#		License #: _____ Phone #: _____	
<b>PLUMBING/</b>		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
<input type="checkbox"/> GAS		Company Name: _____	
CC#		License #: _____ Phone #: _____	
<b>ROOFING</b>		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
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	
<b>SHEET METAL</b>		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
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	
<b>FIRE SYSTEM/</b>		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
<input type="checkbox"/> SPRINKLER		Company Name: _____	
CC#		License #: _____ Phone #: _____	
<b>SOLAR</b>		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
<input type="checkbox"/>		Company Name: _____	
CC#		License #: _____ Phone #: _____	
<b>STATE</b>		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
<input type="checkbox"/> SPECIALTY		Company Name: _____	
CC#		License #: _____ Phone #: _____	