

Mobile: [405-388-4572](tel:405-388-4572)

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT #

48995

CR NAME

Frank Steedley

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.columbiacountyia.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 ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License # _____ Phone # _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
MECHANICAL/A/C ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License # _____ Phone # _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
PLUMBING/GAS ☒	Print Name <u>Cody Barrs</u> Signature <u>[Signature]</u> Company Name: <u>Barrs Plumbing, Inc.</u> CC# _____ License # <u>CFC1427145</u> Phone # <u>386-623-0509</u>	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
ROOFING ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License # _____ Phone # _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License # _____ Phone # _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License # _____ Phone # _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
SOLAR ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License # _____ Phone # _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐	Print Name _____ Signature _____ Company Name: _____ CC# _____ License # _____ Phone # _____	Need: ☐ Lic ☐ Lab ☐ W/C ☐ EX ☐ DE