SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 47977 JOB NAME 1687 N.W. QUEEN RD. LAKE CITY FL 32055

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 ☐ CC#	Print Name ____ Signature ____ Company Name: -NA- License #: ____ Phone #: ____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#	Print Name ____ Signature ____ Company Name: -NA- License #: ____ Phone #: ____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#	Print Name ____ Signature ____ Company Name: -NA- License #: ____ Phone #: ____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#	Print Name ____ Signature ____ Company Name: -NA- License #: ____ Phone #: ____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#	Print Name ____ Signature ____ Company Name: -NA- License #: ____ Phone #: ____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#	Print Name ____ Signature ____ Company Name: -NA- License#: ____ Phone #: ____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#	Print Name ____ Signature ____ Company Name: -NA- License #: ____ Phone #: ____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#	Print Name ____ Signature ____ Company Name: -NA- License #: ____ Phone #: ____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

Ref: F.S. 440.103; ORD. 2016-30