

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_

JOB NAME \_\_\_\_\_

James Ketcher Storage Building

**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 _____	<i>N/A</i>	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>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# _____	Phone #: _____		
<b>PLUMBING/GAS</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"/>  CC# _____ Company Name: _____		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"/>  CC# _____ Company Name: _____		License #: _____	Phone #: _____		
<b>FIRE SYSTEM/SPRINKLER</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"/>  CC# _____ Company Name: _____		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"/>  CC# _____ Company Name: _____		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 _____		License #: _____	Phone #: _____		