

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.

ELECTRICAL	<input type="checkbox"/> Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ A/C	<input type="checkbox"/> Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS	<input type="checkbox"/> Print Name <u>Mark Dawson</u> Signature <u>Mark</u> <input type="checkbox"/> Company Name: <u>Paradise Plumbing Services LLC</u> CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING	<input type="checkbox"/> Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL	<input type="checkbox"/> Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER	<input type="checkbox"/> Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR	<input type="checkbox"/> Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE	<input type="checkbox"/> Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SPECIALTY	<input type="checkbox"/> Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ CC# _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE

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ELECTRICAL		Print Name <u>DAVID Wood</u> Signature <u>DICW,</u>	Need <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>Wood's Electric</u>	
CC# _____		License #: <u>EC-13002213</u> Phone #: <u>386-623-1132</u>	
MECHANICAL/		Print Name _____ Signature _____	Need <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 #: _____	
PLUMBING/		Print Name _____ Signature _____	Need <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 #: _____	
ROOFING		Print Name _____ Signature _____	Need <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 #: _____	
SHEET METAL		Print Name _____ Signature _____	Need <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 #: _____	
FIRE SYSTEM/		Print Name _____ Signature _____	Need <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 #: _____	
SOLAR		Print Name _____ Signature _____	Need <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 #: _____	
STATE		Print Name _____ Signature _____	Need <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 #: _____	