SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____   JOB NAME Bishop Residence _____

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.

Trade	Details	Need
ELECTRICAL ✔ CC#_____	Print Name Trever Townsend Signature _(signed)_ Company Name: Townsend Electrical Contractors, LLC License #: ER13016105 Phone #: 386-365-4643	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ✔ CC#_____	Print Name Clinton G. Wilson Signature _(signed)_ Company Name: Wilson Heat & Air, Inc. License #: CAC057886 Phone #: 386-496-9000	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ✔ CC#_____	Print Name Roger Whiddon Signature _(signed)_ Company Name: Lake City Plumbing, Inc. License #: CFC1428686 Phone #: (386) 754-7367	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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