

## SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # \_\_\_\_\_ JOB NAME \_\_\_\_\_

### THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

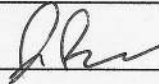

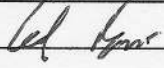
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is **REQUIRED** that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

**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.

<b>ELECTRICAL</b>  <input type="checkbox"/>	Print Name <u>Dennis Bargeron</u> Signature <u></u> Company Name: <u>Bargeron Electric Company LLC</u> License #: <u>EC13008492</u> Phone #: <u>912-371-0010</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE		
<div style="border: 2px solid red; padding: 5px; display: inline-block; font-weight: bold; color: red; font-size: 1.2em;">VOID</div>	<div style="border: 2px solid red; padding: 5px; display: inline-block; font-weight: bold; color: red; font-size: 1.2em;">VOID</div>	<div style="border: 2px solid red; padding: 5px; display: inline-block; font-weight: bold; color: red; font-size: 1.2em;">VOID</div>	<div style="border: 2px solid red; padding: 5px; display: inline-block; font-weight: bold; color: red; font-size: 1.2em;">VOID</div>	<div style="border: 2px solid red; padding: 5px; display: inline-block; font-weight: bold; color: red; font-size: 1.2em;">VOID</div>
<b>MECHANICAL/</b>  <input type="checkbox"/>	Print Name <u>Keith McKeehan</u> Signature <u></u> Company Name: <u>Consulta</u> License #: <u>CMC1249710</u> Phone #: <u>727-530-0078</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE		
<b>PLUMBING/ GAS</b>  <input type="checkbox"/>	Print Name <u>Cody Barrs</u> Signature <u></u> Company Name: <u>Barrs Plumbing, Inc.</u> License #: <u>cfc1427145</u> Phone #: <u>386-623-0509</u>	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE		
<b>ROOFING</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE		
<b>SHEET METAL</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE		
<b>FIRE SYSTEM/ SPRINKLER</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE		
<b>SOLAR</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE		
<b>STATE SPECIALTY</b>  <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	<b>Need</b> <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE		