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SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME Castagna

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:_____ License #:_____ Phone #:_____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ DE
ROOFING ☑ CC# 431	Print Name TERRY CASTAGNA Signature _____ Company Name: Castagna Roofing, Inc. License #: CCC 047842 Phone #: 386-755-6867	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License#:_____ Phone #:_____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name_____ Signature_____ Company Name:_____ License #:_____ Phone #:_____	Need ☐ LC ☐ Lab ☐ W/C ☐ EX ☐ DE

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

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