SUBCONTRACTOR VERIFICATION

	JOB NAME
APPLICATION/PERMIT #	A DEBAIT WILL BE ISSUED

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

NOTE: It shall be the responsibility of the general contractor to make sure that all of the subcontractors are licensed with

Use website to confirm licenses: http://www.columbiacountyfla.com/PermitSearch/ContractorSearch.aspx the Columbia County Building Department.

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.

ibmitted to ou	esult in stop work orders and/or fines.	Need
iolations will re		O Lic
<u>_</u>	Print NameSignature	∏ Liab
ECTRICAL	Print Name / V / / \	□ W/C
[O DE
	Company NamePhone #:	Need
C#	Company Name:Phone #:Phone #:	D Lic
	Print Name Signature	□ W/C
IECHANICAL/	Print Name	[] EX
yc	Company Name:Phone #:	. □ DE
	License #:	Need D Uc
C#	License #: Signature Signature	deil 🖸
PLUMBING/	Print Name_/V//	E EX
	Company Name:	_ D DE
GAS	Company Name:Phone #: License #:Signature	Meed
CC#	License #:Signature	∐ Liab _∐ Lic
- corinic	Print NameSignature	□ M/C
ROOFING		O EX
	Company Name:Phone #:	□ DE Need
CC#	Company Name:	II Lic
CC#	1//A Signature	D Liab
SHEET METAL		_ G EX
	Company Name:	D DE
 	Company Name: Phone #:	<u>Need</u> O Lic
CC#	License #:	□ Liab
FIRE SYSTEM	Print NameSignature	B W/C
\		
SPRINKLER	Phone #:	Meed
CC#	Company Name: Phone #: Phone #:	
	Print NameSignature	☐ Liab ☐ W/C
SOLAR		□ EX
	Company Name:Phone #:	□ D€ Need
564	license #;	G tic
CC#	Print NameSignature	D Lisb
CTATE [Print Name / V //¬¬	D W/C
STATE		O EX
SPECIALTY	Company Name: Phone #: Phone #:	
CC#	License #:	