

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

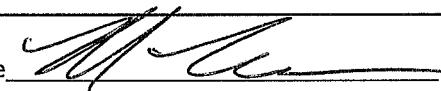
Columbia County issues combination permits. One permit will cover all trades doing work at the permitted site. It is REQUIRED that we have records of the subcontractors who actually did the trade specific work under the general contractors permit.

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.

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|--------------|---|--|
| ELECTRICAL | Print Name <u>Marvin mccook</u> Signature  <input type="checkbox"/> Company Name: _____ | Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE |
| CC# _____ | License #: _____ Phone #: <u>386-628-1969</u> | |
| | | |
| MECHANICAL | Print Name _____ Signature _____ <input type="checkbox"/> A/C _____ Name: _____ <input type="checkbox"/> CC# _____ Phone #: _____ | |
| | | |
| PLUMBING/ | Print Name _____ Signature _____ <input type="checkbox"/> GAS _____ Company Name: _____ <input type="checkbox"/> CC# _____ License #: _____ Phone #: _____ | |
| | | |
| ROOFING | Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ <input type="checkbox"/> CC# _____ License #: _____ | |
| | | |
| SHEET METAL | Print Name _____ <input type="checkbox"/> Company Name: _____ <input type="checkbox"/> CC# _____ License #: _____ | |
| | | |
| FIRE SYSTEM/ | Print Name _____ <input type="checkbox"/> SPRINKLER _____ Company Name: _____ <input type="checkbox"/> CC# _____ License #: _____ Phone #: _____ | |
| | | |
| SOLAR | Print Name _____ Signature _____ <input type="checkbox"/> Company Name: _____ <input type="checkbox"/> CC# _____ License #: _____ Phone #: _____ | |
| | | |
| STATE | Print Name _____ Signature _____ <input type="checkbox"/> SPECIALTY _____ Name: _____ <input type="checkbox"/> CC# _____ License #: _____ Phone #: _____ | |
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