

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.

ELECTRICAL ☐ CCH# _____	Print Name <u>Donald Hollingsworth</u> Signature <u>[Signature]</u> Company Name <u>Holly Electric, Inc</u> License #: <u>EC13005429</u> Phone #: <u>386-755-5944</u>	Need ☐ Lic ☐ Lab ☐ w/c ☐ EX ☐ DE
MECHANICAL/VC ☐ CCH# _____	Print Name <u>Mark Lane</u> Signature <u>[Signature]</u> Company Name <u>Lane Heating and Air</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need ☐ Lic ☐ Lab ☐ w/c ☐ EX ☐ DE
PLUMBING/GAS ☐ CCH# <u>000 715</u>	Print Name <u>Cody Berts</u> Signature <u>[Signature]</u> Company Name <u>Berts Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>786-623-0509</u>	Need ☐ Lic ☐ Lab ☐ w/c ☐ EX ☐ DE
ROOFING ☐ CCH# <u>1328629</u>	Print Name <u>Robert Oglesby</u> Signature <u>[Signature]</u> Company Name <u>Ogles Roofing & Construction</u> License #: <u>CCC 9328699</u> Phone #: <u>386-364-4838</u>	Need ☐ Lic ☐ Lab ☐ w/c ☐ EX ☐ DE
SHEET METAL ☐ CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ w/c ☐ EX ☐ DE
FIRE SYSTEM/SPRINKLER ☐ CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ w/c ☐ EX ☐ DE
SOLAR ☐ CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ w/c ☐ EX ☐ DE
STATE SPECIALTY ☐ CCH# _____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need ☐ Lic ☐ Lab ☐ w/c ☐ EX ☐ DE