

# SUBCONTRACTOR VERIFICATION

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

**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><br><input type="checkbox"/><br>CC# _____            | Print Name <u>Math Burns</u> Signature <u>Math H Burns</u><br>Company Name: <u>Burns Electrical Services</u><br>License #: <u>EC 13006531</u> Phone #: <u>386-365-3688</u>                    | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>MECHANICAL/A/C</b><br><input type="checkbox"/><br>CC# _____        | Print Name <u>Derrick Williams</u> Signature <u>Derrick Williams</u><br>Company Name: <u>D.L. Williams Heating &amp; Cooling</u><br>License #: <u>CAC1816913</u> Phone #: <u>386-754-1987</u> | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/><br>CC# _____          | Print Name <u>Don Bilk</u> Signature <u>Don Bilk</u><br>Company Name: <u>Hometown Plumbing</u><br>License #: <u>11067418</u> Phone #: <u>386-754-6140</u>                                     | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>ROOFING</b><br><input type="checkbox"/><br>CC# _____               | Print Name <u>Mike Todd</u> Signature <u>Mike Todd</u><br>Company Name: <u>Mike Todd Construction</u><br>License #: <u>C6C006209</u> Phone #: <u>386-867-0411</u>                             | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SHEET METAL</b><br><input type="checkbox"/><br>CC# _____           | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                    | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/><br>CC# _____ | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                    | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SOLAR</b><br><input type="checkbox"/><br>CC# _____                 | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                    | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/><br>CC# _____       | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                                    | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Liab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |