

SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 000045196 JOB NAME Lot # 62 Preserve

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 <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
PLUMBING/GAS <input checked="" type="checkbox"/> CC# <u>868</u>	Print Name <u>Frank Soucnek</u> Signature _____ Company Name <u>Dependable Plumbing Co.</u> License # <u>CFC057747</u> Phone # <u>386-752-5218</u>	Need Lic Lab W/C EX DE
ROOFING <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need Lic Lab W/C EX DE

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

RECEIVED
9.29.22 JWP/ce