SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____   JOB NAME _Betsy Soto Residential_

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.

Trade	Details	Need
ELECTRICAL ☐ CC#_____	Print Name _Betsy Soto_ Signature _Betsy Soto_ Company Name: _23676 S. US. Hwy 441 High Springs, FL_ License #: _owner builder_ Phone #: _786 942 9190_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
MECHANICAL/ A/C ☐ CC#_____	Print Name _Betsy Soto_ Signature _Betsy Soto_ Company Name: _23676 S. US. Hwy 441 High Springs FL_ License #: _owner builder_ Phone #: _786 942-9190_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
PLUMBING/ GAS ☐ CC#_____	Print Name _Betsy Soto_ Signature _Betsy Soto_ Company Name: _" same as above_ License #: _owner builder_ Phone #: _786 942-9190_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
ROOFING ☐ CC#_____	Print Name _Betsy Soto_ Signature _Betsy Soto_ Company Name: _" same as above_ License #: _owner builder_ Phone #: _786 942-9190_	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SHEET METAL ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
FIRE SYSTEM/ SPRINKLER ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License#: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
SOLAR ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
STATE SPECIALTY ☐ CC#_____	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE

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