

44553

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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	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
MECHANICAL	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
PLUMBING/ GAS	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
ROOFING	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____		<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SHEET METAL	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____		<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
SOLAR	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE
STATE SPECIALTY	Print Name _____	Signature _____	Need
<input type="checkbox"/>	Company Name: _____		<input type="checkbox"/> Lic
CC# _____	License #: _____	Phone #: _____	<input type="checkbox"/> Liab
			<input type="checkbox"/> W/C
			<input type="checkbox"/> EX
			<input type="checkbox"/> DE