44553

65

SUBCONTRACTOR VERIFICATION

at laft in the contract of the first beautiful that the contract of the second of the		to the control of the second	
APPLICATION/PERMIT #	JOB NAME	The second has been about	All Marie

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 <u>REQUIRED</u> 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 □ Lic
ELECTRICAL	1/00-501-100-500-0		□ Liab
0 - 181	Company Name:	The state of the s	□ w/c □ EX
CC#	License #:	Phone #:	□ DE
MECHANICAL	lame	Signature	Need Lic
A/C		the enterwand follow. An uncount are to be emercinant	☐ Liab
The Blanch	lame:	Establish y Lagrange of the Control	_ □ w/c □ EX
CC#		Phone #:	□ DE
PLUMBING/	Print	Signature	Need D UC
GAS	- DAMP	E STEDER CHON THE AND A GOOD	□ Liab
GAS _	Company	C. C. S. C.	□ w/c
CC#_	License #:	Phone #:	D EX
ROOFING	Print Name	Signatur	Need
		A CANADA	□ Lic
(0.	Company Name:	Market State of the State of th	□ w/c
CC#	License #:	and the second s	□ EX □ DE
SHEET METAL	Print Name	and the second	Need
	II	The state of the s	□ Lic
	Company Name:		□ w/c
CC#	License #:	14469	□ EX
FIRE SYSTEM/	Print Name	When the second	Need 3 Uc
SPRINKLER	Company Name:	is to really the	□ Liab
74		CLIN ALLEGA	□ W/C
CC#	License#:	Phone #:	□ DE
SOLAR	Print Name	Signature	Need □ Lic
	Company	De la agrada de la companya de la co	□ Llab
			□ w/c
CC#	Licen	Phone #:	DE DE
STATE		Signature	Need □ Lic
SPECIALTY	vame:		Liab
SPECIALITY	14	Carlo Control	□ w/c
CC#	se #:	Phone #:	□ DE

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