

**SUBCONTRACTOR VERIFICATION**

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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.

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