

# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # 50241

JOB NAME Busy Bee #7

**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><br><input type="checkbox"/>            | Print Name <u>David Wood</u> Signature <u>[Signature]</u>  | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Licb<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                | Company Name: <u>Wood's Electrical Services, Inc.</u>      |                                                                                                                                                                            |
|                                                          | License #: <u>EC-13002213</u> Phone #: <u>386-364-5246</u> |                                                                                                                                                                            |
| <b>MECHANICAL/A/C</b><br><input type="checkbox"/>        | Print Name _____ Signature _____                           | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Licb<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                | Company Name: _____                                        |                                                                                                                                                                            |
|                                                          | License #: _____ Phone #: _____                            |                                                                                                                                                                            |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name _____ Signature _____                           | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Licb<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                | Company Name: _____                                        |                                                                                                                                                                            |
|                                                          | License #: _____ Phone #: _____                            |                                                                                                                                                                            |
| <b>ROOFING</b><br><input type="checkbox"/>               | Print Name _____ Signature _____                           | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Licb<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                | Company Name: _____                                        |                                                                                                                                                                            |
|                                                          | License #: _____ Phone #: _____                            |                                                                                                                                                                            |
| <b>SHEET METAL</b><br><input type="checkbox"/>           | Print Name _____ Signature _____                           | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Licb<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                | Company Name: _____                                        |                                                                                                                                                                            |
|                                                          | License #: _____ Phone #: _____                            |                                                                                                                                                                            |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/> | Print Name _____ Signature _____                           | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Licb<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                | Company Name: _____                                        |                                                                                                                                                                            |
|                                                          | License #: _____ Phone #: _____                            |                                                                                                                                                                            |
| <b>SOLAR</b><br><input type="checkbox"/>                 | Print Name _____ Signature _____                           | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Licb<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                | Company Name: _____                                        |                                                                                                                                                                            |
|                                                          | License #: _____ Phone #: _____                            |                                                                                                                                                                            |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/>       | Print Name _____ Signature _____                           | <b>Need</b><br><input type="checkbox"/> Lic<br><input type="checkbox"/> Licb<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| CC# _____                                                | Company Name: _____                                        |                                                                                                                                                                            |
|                                                          | License #: _____ Phone #: _____                            |                                                                                                                                                                            |