

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.

Building Erection only	ELECTRICAL	Print Name <u>Jane Gignolis</u>	Signature <u>Jane Gignolis</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: <u>OWNER builder</u>		
	CC#	License #: _____	Phone #: <u>772-696-4796</u>	
	MECHANICAL/A/C	Print Name <u>Jane Gignolis</u>	Signature <u>Jane Gignolis</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
	<input type="checkbox"/>	Company Name: <u>OWNER builder</u>		
	CC#	License #: _____	Phone #: <u>772-696-4796</u>	
	PLUMBING/GAS	Print Name <u>Jane Gignolis</u>	Signature <u>Jane Gignolis</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
<input type="checkbox"/>	Company Name: <u>OWNER builder</u>			
CC#	License #: _____	Phone #: <u>772-696-4796</u>		
ROOFING	Print Name <u>Donald Little</u>	Signature <u>[Signature]</u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	
<input checked="" type="checkbox"/> other	Company Name: <u>Tubular Building Systems</u>			
CC#	License #: <u>CGC1533634</u>	Phone #: <u>386-961-0006</u>		
SHEET METAL	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	
<input type="checkbox"/>	Company Name: _____			
CC#	License #: _____	Phone #: _____		
FIRE SYSTEM/SPRINKLER	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	
<input type="checkbox"/>	Company Name: _____			
CC#	License #: _____	Phone #: _____		
SOLAR	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	
<input type="checkbox"/>	Company Name: _____			
CC#	License #: _____	Phone #: _____		
STATE SPECIALTY	Print Name _____	Signature _____	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE	
<input type="checkbox"/>	Company Name: _____			
CC#	License #: _____	Phone #: _____		

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