

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 <input type="checkbox"/>	Print Name <u>Josh L. Turner</u> Signature <u>[Signature]</u> Company Name: <u>McWhorter Electric</u> License #: <u>EL15005459</u> Phone #: <u>386-344-2077</u>	Need [] L/C [] Lab [] W/C [] EX [] DE
MECHANICAL/A/C <input type="checkbox"/>	Print Name <u>David Hall</u> Signature <u>[Signature]</u> Company Name: <u>David Hall's Inc</u> License #: <u>Ca CC 57424</u> Phone #: <u>(386) 755-9792</u>	Need [] L/C [] Lab [] W/C [] EX [] DE
PLUMBING/GAS <input type="checkbox"/>	Print Name <u>Aaron Hokanson</u> Signature <u>[Signature]</u> Company Name: <u>Aarons Plumbing</u> License #: <u>CFC1726264</u> Phone #: <u>386-365-1667</u>	Need [] L/C [] Lab [] W/C [] EX [] DE
ROOFING <input type="checkbox"/>	Print Name <u>DANIEL BYRD</u> Signature <u>[Signature]</u> Company Name: <u>BYRD'S EVE ROOFING</u> License #: <u>CCC1332899</u> Phone #: <u>386-935-6559</u>	Need [] L/C [] Lab [] W/C [] EX [] DE
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need [] L/C [] Lab [] W/C [] EX [] DE
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need [] L/C [] Lab [] W/C [] EX [] DE
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need [] L/C [] Lab [] W/C [] EX [] DE
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____ Company Name: _____ License #: _____ Phone #: _____	Need [] L/C [] Lab [] W/C [] EX [] DE