

# 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.

<b>ELECTRICAL</b>	<input checked="" type="checkbox"/>	Print Name: <u>Rafael Frias</u>	Signature: <u></u>	Need <input type="checkbox"/> Lic <input type="checkbox"/> Liab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
CC#		Company Name: <u>A+ Electrical Contractors LLC</u>		
		License #: <u>EC13006953</u>	Phone #: <u>850-509-9926</u>	
<b>MECHANICAL</b>	<input type="checkbox"/>	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
A/C		Company Name: _____		
CC#		License #: _____	Phone #: _____	
<b>PLUMBING/</b>		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
<b>GAS</b>	<input type="checkbox"/>	Company Name: _____		
CC#		License #: _____	Phone #: _____	
<b>ROOFING</b>	<input type="checkbox"/>	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
CC#		Company Name: _____		
License #: _____		Phone #: _____		
<b>SHEET METAL</b>	<input type="checkbox"/>	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
CC#		Company Name: _____		
License #: _____		Phone #: _____		
<b>FIRE SYSTEM/</b>		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
<b>SPRINKLER</b>	<input type="checkbox"/>	Company Name: _____		
CC#		License #: _____	Phone #: _____	
<b>SOLAR</b>	<input type="checkbox"/>	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
CC#		Company Name: _____		
License #: _____		Phone #: _____		
<b>STATE</b>	<input type="checkbox"/>	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
<b>SPECIALTY</b>		Company Name: _____		
CC#		License #: _____	Phone #: _____	