# SUBCONTRACTOR VERIFICATION

APPLICATION/PERMIT # _____    JOB NAME  Green Dragon _____

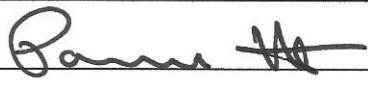## THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

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.

| Trade | Details | Need |
|---|---|---|
| **ELECTRICAL** ☐<br><br>CC#_____ | Print Name  Patrick Verner     Signature  *(signed)*<br>Company Name:  D.S.E. Electrical Service and Maintenance<br>License #:  EC13004290       Phone #: 407-948-9591 | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **MECHANICAL/**<br>**A/C** ☐<br>CC#_____ | Print Name Paul Shiver      Signature _____<br>Company Name: Innovative Mechanical Services<br>License #: CAC1813391      Phone #: 407-298-4700 | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **PLUMBING/**<br>**GAS** ☐<br>CC#_____ | Print Name Juan Lizarazo     Signature _____<br>Company Name: Delta Plumbing Services, Inc.<br>License #: CFC1427313      Phone #: 321-663-2071 | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **ROOFING** ☐<br><br>CC#_____ | Print Name _____     Signature _____<br>Company Name: _____<br>License #: _____     Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **SHEET METAL** ☐<br><br>CC#_____ | Print Name _____     Signature _____<br>Company Name: _____<br>License #: _____     Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **FIRE SYSTEM/**<br>**SPRINKLER** ☐<br>CC#_____ | Print Name _____     Signature _____<br>Company Name: _____<br>License#: _____     Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **SOLAR** ☐<br><br>CC#_____ | Print Name _____     Signature _____<br>Company Name: _____<br>License #: _____     Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |
| **STATE**<br>**SPECIALTY** ☐<br>CC#_____ | Print Name _____     Signature _____<br>Company Name: _____<br>License #: _____     Phone #: _____ | ☐ Lic<br>☐ Liab<br>☐ W/C<br>☐ EX<br>☐ DE |

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