

SUBCONTRACTOR VERIFICATION

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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	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
MECHANICAL	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
PLUMBING/ GAS	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
ROOFING	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
SHEET METAL	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
FIRE SYSTEM/ SPRINKLER	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
SOLAR	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	
STATE SPECIALTY	Print Name _____	Signature _____	Need ☐ Lic ☐ Liab ☐ W/C ☐ EX ☐ DE
☐	Company Name: _____		
CC# _____	License #: _____	Phone #: _____	