

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>Donald Hollingsworth</u> Signature: <u>[Signature]</u> Company Name: <u>Holly Electric, Inc</u> License #: <u>EC13005429</u> Phone #: <u>386-755-5944</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
MECHANICAL/ W/C <input type="checkbox"/>	Print Name: <u>Anthony Franks</u> Signature: <u>[Signature]</u> Company Name: <u>Franks & Lane heating and air</u> License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
PLUMBING/ GAS <input type="checkbox"/>	Print Name: <u>Cody Borrs</u> Signature: <u>[Signature]</u> Company Name: <u>Borrs Plumbing</u> License #: <u>CFC1427145</u> Phone #: <u>386-623-0509</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
ROOFING <input type="checkbox"/>	Print Name: <u>Robert Ogles</u> Signature: <u>[Signature]</u> Company Name: <u>Ogles Roofing & Construction</u> License #: <u>CCC 9328699</u> Phone #: <u>386-364-4838</u>	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SHEET METAL <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
FIRE SYSTEM/ SPRINKLER <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
SOLAR <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE
STATE SPECIALTY <input type="checkbox"/>	Print Name: _____ Signature: _____ Company Name: _____ License #: _____ Phone #: _____	Need: <input type="checkbox"/> Lic <input type="checkbox"/> Lab <input type="checkbox"/> W/C <input type="checkbox"/> EX <input type="checkbox"/> DE