

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 <input checked="" type="checkbox"/>	Print Name <u>Everton Ruddle</u> Dennis Conklin Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: D & S Lighting & Electric License #: 13003800 Phone #: 386-623-9055	
MECHANICAL/A/C <input checked="" type="checkbox"/>	Print Name D.L. Williams Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: D L Williams Heating & Cooling, LLC License #: CAC 1816913 Phone #: 386-754-1987	
PLUMBING/GAS <input checked="" type="checkbox"/>	Print Name Ken Roche Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: Ken Roche Plumbing Now License #: CFC 1426527 Phone #: 386-755-9243	
ROOFING <input checked="" type="checkbox"/>	Print Name Trent Giebeig Signature <u>[Signature]</u>	Need Lic Liab W/C EX DE
CC# _____	Company Name: Trent Giebeig Construction, Inc. License #: CRC 1330693 Phone #: 386-397-0545	
SHEET METAL <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
FIRE SYSTEM/SPRINKLER <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
SOLAR <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	
STATE SPECIALTY <input type="checkbox"/>	Print Name _____ Signature _____	Need Lic Liab W/C EX DE
CC# _____	Company Name: _____ License #: _____ Phone #: _____	