

# 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><br><input type="checkbox"/>            | Print Name <u>Mark Matthews</u> Signature <u>[Signature]</u><br>Company Name: <u>Matthews Electric</u><br>License #: <u>EC13005459</u> Phone #: <u>386-344-2029</u>                  | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>MECHANICAL/VC</b><br><input type="checkbox"/>         | Print Name <u>Anthony Franks</u> Signature <u>[Signature]</u><br>Company Name: <u>Franks &amp; Lane Heating and Air</u><br>License #: <u>CAC1818631</u> Phone #: <u>386-466-7514</u> | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>PLUMBING/GAS</b><br><input type="checkbox"/>          | Print Name <u>Cody Barrs</u> Signature <u>[Signature]</u><br>Company Name: <u>Barrs Plumbing</u><br>License #: <u>CFC1427145</u> Phone #: <u>386-623-0509</u>                        | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>ROOFING</b><br><input type="checkbox"/>               | Print Name <u>Robert Ogles</u> Signature <u>[Signature]</u><br>Company Name: <u>Ogles Roofing &amp; Construction</u><br>License #: <u>CCC 9328699</u> Phone #: <u>386-364-4838</u>   | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SHEET METAL</b><br><input type="checkbox"/>           | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                           | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>FIRE SYSTEM/SPRINKLER</b><br><input type="checkbox"/> | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                           | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>SOLAR</b><br><input type="checkbox"/>                 | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                           | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |
| <b>STATE SPECIALTY</b><br><input type="checkbox"/>       | Print Name _____ Signature _____<br>Company Name: _____<br>License #: _____ Phone #: _____                                                                                           | Need<br><input type="checkbox"/> Lic<br><input type="checkbox"/> Lab<br><input type="checkbox"/> W/C<br><input type="checkbox"/> EX<br><input type="checkbox"/> DE |