

Private Provider List

APPLICATION/PERMIT # _____ JOB NAME _____

THIS FORM MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED

Please list all private providers who will be responsible for plan review and/or inspections for this project. The Columbia County Building Department will verify that each listed private provider is properly registered and in good standing. Upon verification, each provider will be documented in the permit file as the designated private plans examiner and/or private inspector, as applicable.

This form must be submitted in addition to the required Notice to Building Official.

**PLANS
EXAMINER**

Printed Name: _____
License #: _____

**PLANS
EXAMINER**

Printed Name: _____
License #: _____

**PRIVATE
INSPECTOR**

Printed Name: _____
License #: _____