



SUBCONTRACTOR AFFIDAVIT

This form must be completed, signed, notarized, and submitted to the department prior to permit issuance any inspections associated with electrical, plumbing, and/or mechanical work.

Subdivision _____ Lot _____ Address _____

Builder _____

THIS IS TO CERTIFY THAT I HOLD THE STATE LICENSE CHECKED BELOW AND AM USING FOR THIS JOB:

PLUMBING _____ ELECTRICAL _____ MECHANICAL _____

COMPANY NAME _____ PHONE # _____

COMPANY ADDRESS _____

STATE LICENSE # _____ BUS.TAX/OCCUPATION CTF.# _____

IN THE EVENT OF ANY CHANGE IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.

PRINT NAME _____ SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

NOTARY PUBLIC, STATE OF GEORGIA

MY COMMISSION EXPIRES: _____