



Subcontractor Affidavit

Date: _____

NOTICE: This form must be complete, signed and submitted to Business Services Department **BEFORE WORK COMMENCES, AND 24 HRS PRIOR TO REQUESTING INSPECTIONS online.**

COMBINATION BUILDING/TRADE PERMIT NUMBER: _____

PROJECT NAME/SUBDIVISION: _____ LOT: _____ BLOCK: _____

JOB SITE ADDRESS: _____

GENERAL CONTRACTOR/HOMEOWNER: _____

This is to certify that I am solely responsible for the: _____ Electrical _____ Plumbing/Gas _____ HVAC

Please indicate below the type of license you currently hold and are using for this job:

- Electrical Contractor Class I (Restricted to Single Phase, not exceeding 200 amps)
- Electrical Contractor Class II (Unrestricted)
- Master Plumber Class I (Restricted to S/F, 1 level duplex & Commercial up to 10,000 sq. ft.)
- Master Plumber Class II (Unrestricted)
- Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)
- Conditioned Air Contractor Class II (Unrestricted)

By signing, I certify that I am licensed by the state of Georgia to perform this trade work, I have a current occupational tax certificate in Georgia and \$1,000,000 liability insurance as required by the permit. In the event of any change in my status on this installation, I understand that I will be held responsible for this work until the Business Services has been notified, in writing, of a change.

Trade CONTRACTOR BUSINESS NAME: _____ PHONE#: _____

MOBILE: _____

CONTRACTOR SIGNATURE (ORIGINAL): _____ PRINT NAME: _____

*******OFFICE USE ONLY*******

- OCCUPATIONAL/BUSINESS LICENSE
- STATE (TRADE) LICENSE
- PROOF OF PROPERTY DAMAGE LIABILITY INSURANCE (\$100,000.00)
- PHOTO IDENTIFICATION (name must match state license)

VERIFIED BY: _____ (city staff) DATE: _____

TRADE FEE (IF APPLICABLE):\$ _____ PAID BY: _____