



**SUBCONTRACTOR AFFIDAVIT**

**An original form for each location is required.**

This form must be completed, signed, notarized, and uploaded to the building permit by the Primary Contractor prior to any inspections associated with electrical, plumbing, and/or mechanical work.

Record # (required) \_\_\_\_\_

Lot \_\_\_\_\_ Address # \_\_\_\_\_ Street Name (required) \_\_\_\_\_

Subdivision \_\_\_\_\_ Contractor \_\_\_\_\_

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

**The below items need to be completed in its entirety or the form will not be accepted.**

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: \_\_\_\_\_