SUBCONTRACTOR AFFIDAVIT

SPALDING COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT
PERMITTING/INSPECTIONS DIVISION BUILDING PERMIT #_____
OFFICE USE ONLY

NOTICE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED BEFORE A PERMIT MAY BE ISSUED OR WORK MAY COMMENCE:

JOB SITE: _____

This is to certify that I am responsible for installations at the above location:

BUILDER ☐ COMPANY NAME_____

ADDRESS_____PHONE NUMBER_____

SIGNATURE_____BUS. LIC. #_____VERIFIED BY_____

ELECTRICAL COMPANY NAME _____

ADDRESS_____PHONE NUMBER_____

LICENSE HOLDER _____ SIGNATURE_____

STATE LICENSE #_____TYPE: RESTRICTED ☐ NON-RESTRICTED ☐

BUS. LIC. #_____VERIFIED BY _____

PLUMBING COMPANY NAME _____

ADDRESS_____PHONE NUMBER _____

LICENSE HOLDER _____ SIGNATURE_____

STATE LICENSE #_____TYPE : RESTRICTED ☐ NON-RESTRICTED ☐

BUS. LIC. #_____VERIFIED BY _____

HVAC COMPANY NAME _____

ADDRESS_____PHONE NUMBER _____

LICENSE HOLDER_____ SIGNATURE_____

STATE LICENSE #_____TYPE : RESTRICTED ☐ NON-RESTRICTED ☐

BUS. LIC. #_____VERIFIED BY _____

NOTE 1: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGE IN SUBS IS MADE DURING CONSTRUCTION. A NEW AFFIDAVIT MUST BE FILED EACH YEAR WITH THE CURRENT BUSINESS LICENSE AND STATE CARD NUMBER.

NOTE 2: A COPY OF THE TRADE CONTRACTOR'S BUSINESS LICENSE, STATE LICENSE, AND PHOTO ID FOR THE LICENSE HOLDER MUST BE SUBMITTED WITH THIS FORM, NO EXCEPTIONS ALLOWED.

(This form is a part of the permit application filed for the above-referenced property.)