

SUB-CONTRACTOR AFFIDAVIT
FOR
ELLIJAY, GEORGIA

Building Inspections Department

NOTICE: ONLY THE STATE LICENSE HOLDER MUST COMPLETE, SIGN AND SUBMIT THIS FORM, TO THE BUILDING INSPECTIONS DEPARTMENT AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION. FAILURE TO COMPLY WILL RESULT IN A DELAY IN THE INSPECTIONS.

Date: _____

Name: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Permit Holder Name: _____

Permit Number: _____

Construction/Work Location: _____

General Contractor: _____

THIS IS TO CERTIFY THAT I AM RESPONSIBLE FOR THE:

_____ ELECTRICAL

_____ PLUMBING

_____ MECHANICAL

Please Check Below The Type of License You 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 1 (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)

_____ Conditioned Air Contractor Class 11 (Unrestricted)

State License Number: _____

I CERTIFY THAT THE WORK HAS BEEN COMPLETED BY ME OR UNDER MY DIRECT SUPERVISION AND I ASSUME FULL LIABILITY AND RESPONSIBILITY FOR ANY AND ALL SUCH WORK. IN THE EVENT ANY CHANGE IN MY STATUS ON THIS INSTALLATION, I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR THIS JOB UNTIL NOTIFYING THE BUILDING INSPECTION DEPARTMENT, IN WRITING, OF ANY CHANGE. UNDER PENALTY OF PERJURY, I CERTIFY THE FOREGOING TO BE TRUE.

Signature: _____ Date: _____