

Sub Contractor Affidavit

For

Gilmer County, Georgia – Department of Building Inspections

10 Broad Street

Ellijay, GA. 30540

Phone: (706) 635-3406 Fax: (706) 635-3405

THIS AFFIDAVIT MUST BE ON FILE PRIOR TO RECEIVING ANY INSPECTIONS

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: _____ Business License #(or exempt #) _____

Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Permit Holder Name: _____

Permit Number: _____

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 10,000sq 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)

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: _____