

Sub Contractor Affidavit

Gilmer County Planning & Zoning
1 Broad Street, Ste. 002
Ellijay, GA. 30540
Phone: (706) 635-3406 Fax: (706) 635-3405

****NOTE****
Affidavits can be sent to both
emails listed:
yfeliberty@gilmercounty-ga.gov
msutton@gilmercounty-ga.gov

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.

Company Name

Company Address

City: State: Zip Code:

Business License#(or exempt #) Business Phone #

Property Owner Name

Property Address

City: State: Zip Code:

General Contractor:

THIS IS TO CERTIFY THAT I AM RESPONSIBLE FOR THE:

BELOW: Please Check The Type of License You Hold and Are Using For This Job:

ELECTRICAL CONTRACTORS	
<input type="checkbox"/>	Electrical Contractor Class I (Restricted to Single-Phase, Not Exceeding 200 Amps)
<input type="checkbox"/>	Electrical Contractor Class II (Unrestricted) License# _____
Phase of Construction:	
<input type="checkbox"/>	Rough-In
<input type="checkbox"/>	Final

MASTER PLUMBERS	
<input type="checkbox"/>	Master Plumber Class I (Restricted to S/F, 1 Level Duplex & Commercial Up To 10,000 sq. ft.)
<input type="checkbox"/>	Master Plumber Class II (Unrestricted) License# _____
Phase of Construction:	
<input type="checkbox"/>	Rough-In DFU'S _____
<input type="checkbox"/>	Private Well <input type="checkbox"/> Final PIPE SIZE & SLOPE _____
<input type="checkbox"/>	No check-valve between well bladder tank & house plumbing system

CONDITIONED AIR CONTRACTORS	
<input type="checkbox"/>	Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)
<input type="checkbox"/>	Conditioned Air Contractor Class II (Unrestricted) License# _____
Phase of Construction:	
<input type="checkbox"/>	Rough-In
<input type="checkbox"/>	Final

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 OF ANY CHANGE IN MY STATUS ON THIS INSTALLATION, I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR THIS JOB UNTIL I NOTIFY THE BUILDING INSPECTION DEPARTMENT, IN WRITING, OF ANY CHANGE. UNDER PENALTY OF PERJURY, I CERTIFY THE FOREGOING TO BE TRUE.

Print Name

Signature

Date