Community Development & Regulatory Affairs - Development Services Division 5440 Fulton Industrial Blvd, South Fulton, GA 30336
www.cityofsouthfultonga.gov email: permits@cityofsouthfultonga.gov
470.809.7200 option 1

SUBCONTRACTOR AFFIDAVIT

This form must be completed in its **ENTIRETY,** signed, notarized, and submitted to CDRA - Development Services department at the time of permit application submittal, prior to permit issuance, and any inspections associated with electrical, plumbing, and/or mechanical work.

Subdivision _____Lot_____ Address_____

Builder/ General Contractor _____

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

PLUMBING_____ELECTRICAL_____MECHANICAL_____

COMPANY NAME_____PHONE#_____

EMAIL ADDRESS: _____

COMPANY ADDRESS_____

STATE LICENSE#_____BUS.TAX/OCCUPATION CTF.#_____

If additional verification OR information is needed and I am not available due to being in the field, I authorize you to speak with the company administrator: NAME: _____ at PHONE# _____
(please mark N/A if this in NOT applicable)

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: _____