RESIDENTIAL SUB-CONTRACTOR AFFIDAVIT

Building Department
25 Lagrange Street
Newnan, GA 30263
770-254-2362
Email: permits@newnanga.gov

This form may be requested for Plan Review and/or Permits

Property Address _____

Description of work _____

_____

I am the:

□ Homeowner □ State Card Holder

Performing the following work:

□ ELECTRICAL □ HVAC □ PLUMBING (check all that apply)

I certify that the System(s) noted above will be/have been installed in accordance with the applicable rules and regulations of the State of Georgia and the City of Newnan, and I am aware the City of Newnan has amendments to the Construction Codes. I have evaluated the system(s) noted above for proper sizing based on the loads/demands for this specific structure. Any performance issues related to the systems noted above will be my responsibility.

_____ _____

Signature Company Name

_____ _____

Print Name State Card Number(s) (provide all that apply)

The above affidavit was acknowledged before me and subscribed in my presence this _____day of

_____, 20_____.

My Commission Expires:

_____

Notary Public