



SUBCONTRACTOR AFFIDAVIT

997 Newnan Rd.
P.O. Box 338

Carrollton, GA 30116
770-830-5861

Date Received: _____

Received By: _____

PLEASE COMPLETE THE FOLLOWING AND RETURN IT WITH A COPY OF THE STATE LICENSE,
DRIVER'S LICENSE AND BUSINESS LICENSE.

QUESTIONS? PLEASE CALL 770-830-5861

Description of work to be completed: _____

II. PROJECT LOCATION:

Address: _____

III. PROPERTY OWNER:

Name: _____

Address: _____

Phone: _____ Email Address: _____ Power Company: _____

IV. TRADE:

☐ ELECTRICAL _____ AMPS

☐ HVAC _____ TONS

☐ PLUMBING

V. SUBCONTRACTOR INFORMATION:

Business Name: _____ Phone: _____

License Holder: _____ Email: _____

Business License Number: _____ Expiration Date: _____

State License Number: _____ Expiration Date: _____

Business Address: _____ City: _____ State: _____ Zip: _____

VI. SIGNATURE:

By signing below, I agree that I am the licensed contractor listed on this affidavit and responsible for my trade at this project location.

Signature: _____ Date: _____

Print: _____



Carroll County Department of Community Development

423 College Street
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

SUBCONTRACTOR AFFIDAVIT FOR A BUILDING PERMIT

NOTICE: This form must be completed, signed (with original signatures in **RED or BLUE** ink) and submitted before any permits will be issued.

Project Address: _____

Owner Name: _____ Phone: (____) _____

Contractor Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

Plumbing Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

Electrician Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

HVAC Company: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Master's Name: _____ State Card: _____

Signature: _____ OTC License: _____

NOTE: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGES IN SUBCONTRACTORS ARE MADE DURING CONSTRUCTION.

SAID BUILDING WILL BE CONSTRUCTED TO MEET THE REQUIREMENTS OF THE MOST RECENT EDITION OF THE CONSTRUCTION CODES, AS ADOPTED AND AMENDED.



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PARCEL INFORMATION SHEET APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

To be filled out by Map Room Personnel in Room #414

DEPARTMENT STAFF/MAP ROOM OFFICIAL:			
MAP:		LAND LOT:	
PARCEL:		DISTRICT:	
CURRENT PROPERTY OWNER:			
PROPERTY OWNER AS OF JANUARY 1 ST :			
APPLICANT (IF DIFFERENT FROM OWNER):			
PROJECT ADDRESS:			
CITY:			
TELEPHONE NUMBER:			
SUBDIVISION:		LOT #:	
ACREAGE:		PARCEL SPLIT FROM:	
CURRENT ZONING CLASSIFICATION			
<i>REQUIRED SETBACKS</i>		FRONT	
		SIDE	
		REAR	
CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST ☐ Owner(s) & Agent (if applicable) ☐ Legal Description or Adequate Description of Property ☐ Complete Inventory of Existing Structures (noting uses & non-conforming structures) ☐ Complete Inventory of Proposed Structures ☐ Complete Inventory of Existing Uses and/or Activities ☐ Applicant's Certification			
Signature of County Planner or Designee: _____ Date: _____ Comments: _____			
CDP COMPLIANCE	☐ YES ☐ NO	Signature of CDP Administrator or Designee: _____ Date: _____ <i>Comments:</i> _____	
PLAT APPROVED	☐ YES ☐ NO	<i>Signature of County Engineer or Designee:</i> _____ <i>Date:</i> _____ <i>Comments:</i> _____	
APPROVED FOR NEW ADDRESS	☐ YES ☐ NO	Signature of County Planner or Designee: _____ Date: _____ <i>Comments:</i> _____	



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR A TRADE PERMIT

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **TRADE PERMIT** under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Address: _____

Sworn to and subscribed
before me this ____ day
of _____, _____.

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

Notary Public

My Commission Expires:

Entity: _____
Address: _____

