City of Buford

Planning Department

2300 Buford Highway • Buford, Georgia • 30518 • (770) 945-6761 • FAX (770) 932-7976 • Planning (678) 889-4629

NOTICE: This form must be completed, signed and submitted to Building inspections before work may commence.

COMBINATION BUILDING PERMIT NO: _____

JOB SITE ADDRESS: _____

GENERAL CONTRACTOR: _____

This is to certify that I am responsible for the:

_____ Electrical

_____ Plumbing

_____ HVAC

_____ Low Voltage

Installation at the above address.

In the event of any change in my status on this Installation, I understand that I will be held responsible for this job until Building inspections has been notified, in writing, of any change.

SIGNED: _____

STATE LICENSE NO.: _____

GWINNETT COUNTY BUSINESS LICENSE NO. : _____

COMPANY NAME: _____

ADDRESS: _____

_____

PHONE NO.: _____

Please submit along with affidavit.

1. Business License
2. State License
3. Drivers License