LAWRENCEVILLE
GEORGIA

SUB-CONTRACTOR AFFIDAVIT

NOTICE: This form must be completed, signed, and submitted to the Planning and Development Department before work may commence. A copy of your state license and business license must be attached to each form. AFFIDAVIT MUST BE IN OFFICE OR UPLOADED TO PORTAL AT LEAST 24 HRS PRIOR TO INSPECTION REQUESTS.

BUILDING PERMIT #: _____

Job Site Address: _____

General Contractor: _____

This is to certify that I am responsible for the:

- ☐ Electrical
- ☐ Low Voltage
- ☐ Heating & Air
- ☐ Plumbing

PLEASE CHECK THE TYPE OF STATE LICENSE YOU HOLD AND ARE USING ON THIS JOB:

- ☐ Electrical Contractor Class I (Restricted to Single-Phase, not exceeding 200 Amps)
- ☐ Electrical Contractor Class II (Unrestricted)
- ☐ Master Plumber Class I (Restricted to single-family, 1 level Duplex & Commercial up to 10,000 SF)
- ☐ Master Plumber Class II (Unrestricted)
- ☐ Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)

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

As a plumber, I am certifying that any pipe, solder, or flux used in the plumbing in this structure will be lead free as required by Sections 303.7.1(4), 308, 612, and 706 of the GA Minimum Standard Plumbing Code, 1995 Edition.

State Certification #: _____ Expiration Date: _____

Occupational Tax / Business License #: _____ Expiration Date: _____

Issuing Authority: _____ Company Name: _____

Address: _____ City/State/Zip Code: _____

Phone: _____ Email Address: _____

Signature: _____ Print Name: _____

GENERAL CONTRACTOR GRANTING PERMISSION FOR THIS SUBCONTRACTOR TO WORK UNDER THIS PERMIT #:

_____

(Signature)

GENERAL CONTRACTOR SHALL REQUEST ALL INSPECTIONS VIA **ONLINE PERMIT PORTAL**.