

**QUAD CITIES
PLANNING AND DEVELOPMENT**

147 Athens Street

Jefferson, Georgia 30549

706/367-5011

SUB-CONTRACTOR AFFIDAVIT

Date: _____

Notice: This form must be completed, signed and submitted to the Planning and Development Department before work may commence and at least 24 hours prior to requesting an inspection. Original signature is required; fax copies will not be accepted.

BUILDING PERMIT NUMBER(S): _____

SUBDIVISION: _____ LOT(S): _____

JOB SITE ADDRESS(ES): _____

GENERAL CONTRACTOR: _____

This is to certify that I am responsible for the: _____ Electrical _____ Plumbing _____ Heat/Air

Please check below the type of license you hold and are using for 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 S/F, 1 level Duplex & Commercial up to 10,000 sq. ft.)
- _____ Master Plumber Class II (Unrestricted)
- _____ Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)
- _____ Conditioned Air Contractor Class II (Unrestricted)

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

SIGNATURE (**ORIGINAL**): _____

PLEASE PRINT NAME: _____

BUSINESS LICENSE NUMBER: _____

STATE LICENSE NUMBER: _____

COMPANY NAME: _____

COMPANY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____