



5039 West Broad Street
Sugar Hill, GA 30518
770-945-6734

Sub-Contractor Affidavit

Notice: This form must be completed, signed, and submitted to the Planning Office before work may commence, and must be in the office at least 24 hours prior to requesting an inspection.

Date:

Permit Number:

Location:

This is to certify that I am responsible for: Electrical Plumbing Heating/Air

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

Signature and Email:

Company Name:

Contractor Name:

Address:

Phone:

Business License Number:

Business License Expiration:

Contractor License Number:

Contractor License Expiration

Please submit copies of your local and state license as well as your driver's license along with this form. One form must be submitted per permit.