



# **SUBCONTRACTOR AFFIDAVIT**

**CITY OF SNELLVILLE DEPARTMENT  
OF PLANNING & DEVELOPMENT  
2342 OAK ROAD, 2<sup>ND</sup> FLOOR, SNELLVILLE, GA  
30078 (770) 985-3513 / (770) 985-3514  
[www.snellville.org](http://www.snellville.org)**

**GENERAL CONTRACTOR SHALL CALL IN ALL INSPECTIONS**  
This form must be completed, signed and submitted to the Department of Planning & Development before work may commence. Call (770) 985-3513 at least 24-hours prior to inspection request.  
**MAIL OR HAND DELIVER COMPLETED FORM WITH A COPY OF THE CURRENT BUSINESS LICENSE, PROFESSIONAL STATE LICENSE AND DRIVER'S LICENSE.**

GENERAL CONTRACTOR: \_\_\_\_\_ PERMIT # \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ LOT / BLOCK: \_\_\_\_\_

SUBDIVISION / PROJECT NAME: \_\_\_\_\_

THIS IS TO CERTIFY THAT I WILL BE RESPONSIBLE FOR SUBCONTRACTORS PERFORMING:

- ELECTRICAL     LOW-VOLTAGE     HEATING & AIR     PLUMBING

PLEASE CHECK THE TYPE OF STATE LICENSE HELD AND BEING USED FOR THIS JOB:

- |   |   |
|---|---|
| <input type="checkbox"/> Electrical Contractor Class I      | <input type="checkbox"/> Electrical Contractor Class II (Unrestricted)      |
| <input type="checkbox"/> Master Plumber Class I             | <input type="checkbox"/> Master Plumber Class II (Unrestricted)             |
| <input type="checkbox"/> Conditioned Air Contractor Class I | <input type="checkbox"/> Conditioned Air Contractor Class II (Unrestricted) |
| <input type="checkbox"/> Low-Voltage Contractor Class I     | <input type="checkbox"/> Low-Voltage Contractor Class II (Unrestricted)     |

I certify that I am experienced in the classification above and I will comply with all codes and ordinances adopted by the City of Snellville that pertain to the construction of this structure. In the event of any change in my status on this installation, I understand that I will be held responsible for all indicated work at this job until Building Inspections have been notified, in writing, of any change.

SUBCONTRACTOR COMPANY NAME \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ OCCUPATION TAX # OR BUSINESS LICENSE #) \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ ISSUING AUTHORITY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STATE PROFESSIONAL LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SUBCONTRACTOR SIGNATURE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*MAIL OR HAND DELIVER WITH A COPY OF THE CURRENT BUSINESS LICENSE, STATE PROFESSIONAL LICENSE AND DRIVER'S LICENSE OF CARD HOLDER.*