



SUBCONTRACTOR AFFIDAVIT

CITY OF SNELLVILLE
DEPARTMENT OF PLANNING & DEVELOPMENT
2342 OAK RD, SNELLVILLE, GA 30078
(770) 985-3513
www.snellville.org

GENERAL CONTRACTOR SHALL CALL IN ALL INSPECTIONS

This form must be completed, signed and submitted to Planning & Development before work may commence and at least 24-hours prior to requesting an inspection. Call (770) 985-3513 for inspection requests. Please mail or hand deliver forms.

GENERAL CONTRACTOR: _____ BLDG PERMIT # _____

GENERAL CONTRACTOR ADDRESS: _____

GENERAL CONTRACTOR CITY: _____ STATE: _____ ZIP: _____

JOB SITE ADDRESS: _____ LOT / BLOCK: _____

SUBDIVISION / PROJECT NAME: _____

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

- ELECTRICAL
- HEATING & AIR
- PLUMBING

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

- Electrical Contractor Class I
- Electrical Contractor Class II (Unrestricted)
- Master Plumber Class I
- Master Plumber Class II (Unrestricted)
- Conditioned Air Contractor Class I
- Conditioned Air Contractor Class II (Unrestricted)
- Low-Voltage Contractor Class I
- 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: (____) _____

ADDRESS: _____ FAX: (____) _____

CITY: _____ STATE: _____ ZIP _____

OCCUPATION TAX # OR BUSINESS LICENSE #) _____

EXPIRATION DATE: _____ ISSUING AUTHORITY: _____

STATE LICENSE #: _____ EXPIRATION DATE: _____

SUBCONTRACTOR SIGNATURE: _____ PHONE: (____) _____

PRINT NAME: _____ DATE: _____

PLEASE ATTACH A CURRENT COPY OF YOUR OCCUPATION TAX/BUSINESS LICENSE, PROFESSIONAL LICENSE AND DRIVER'S LICENSE