



Date \_\_\_\_\_

Notice: This form must be prepared and submitted to the Building Permit Department before a permit can be issued and MUST BE IN THE OFFICE AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION.

BUILDING PERMIT # \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ LOT#: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_

This is to certify that I am responsible for the (PLEASE CIRCLE ONE) \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC/Mech

**YOU WILL NEED TO ATTACH A COPY OF YOUR BUSINESS LICENSE AND STATE CARD.**

Please check below for 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 and Commercial up to 10,000 sp. ft.)
- Master Plumber Class II (Unrestricted)
- Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling and 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 this job until The City of Flowerly Branch Building Department has been notified, in writing of any change.

SIGNATURE: \_\_\_\_\_

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

BUSINESS LICENSE NUMBER: \_\_\_\_\_ COUNTY: \_\_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE LICENSE NUMBER: \_\_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

## SUB-CONTRACTOR AFFIDAVIT

City of Flowerly Branch ♦ 5512 Main Street ♦ Post Office Box 757 ♦ Flowerly Branch, GA. 30542  
Telephone 770-967-6378 ♦ Fax 770-967-6357