



## SUB CONTRACTOR AFFIDAVIT

**Associated Permit #**

**Date:** \_\_\_\_\_

**Address of Request:**

\_\_\_\_\_

Tax Map # \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Is this site located within the boundaries of the historic district? \_\_\_\_\_

Currently a conforming use? \_\_\_\_\_

Any conditions of zoning, CUP's, etc.? \_\_\_\_\_

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  
LICENSE WHEN THE PERMIT APPLICATION HAS BEEN SUBMITTED.  
SCHEDULING OF INSPECTION WILL NOT BE ACCEPTED UNTIL ALL COPIES OF  
LICENSE ARE RECEIVED.**

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 Flowery Branch Building Department has been notified, in writing of any change.



**Contractor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

License #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**CITY STAFF ONLY**

Permit Issued By: \_\_\_\_\_

Date: \_\_\_\_\_ Total Fee: \_\_\_\_\_