



SUB-CONTRACTOR AFFIDAVIT

330 Town Center Avenue • Suwanee, GA 30024
(770)945-8996 • (770)945-2792 (Fax)
www.suwanee.com

This form must be completed, signed and submitted to the Building Permit Department before work may commence. Please attach a copy of your business license and state contractor's license. Proof of identification will also be required.

Permit Type: [] Electrical [] Plumbing [] Mechanical

Permit Number _____ Date: _____

Subdivision/Business Park _____

Job Site Address _____

General Contractor _____

Please check below the type of license you hold

- () 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 sq. ft.)
() Master Plumber Class II (Unrestricted)
() Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)
() Conditioned Air Class II (Unrestricted)
() Low-Voltage Contractor Class I.V - U (Restricted to Alarm & General System Low Voltage)
() Low-Voltage Contractor Class I.V - G (Restricted to General System Low Voltage)
() Low-Voltage Contractor Class I.V - U (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 Inspections Department has been notified in writing of any change.

Signature (Original) _____

Name (Please Print) _____ Email _____

Business License Jurisdiction/Number _____

Georgia Contractor's License Number _____

Company Name _____

Company Address _____

City, State ZIP _____ Phone _____