

# SUBCONTRACTOR AFFIDAVIT

CITY OF SNELLVILLE  
DEPARTMENT OF PLANNING & DEVELOPMENT  
2342 OAK ROAD, 2<sup>ND</sup> FLOOR, SNELLVILLE, GA 30078  
(770) 985-3513 / (770) 985-3551-FAX  
[www.snellville.org](http://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.

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

- |   |   |
|---|---|
| <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: (\_\_\_\_) \_\_\_\_\_

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 AND STATE LICENSE**