

General Contractor/Sub-Contractor **Affidavits General Contractor Affidavit**

Date: Building Permit # (WILL BE ISSUED AT PERMITTING) Job Location/Address: ______ General Contractor (PRINT): Company Name: ______ Company Physical Address: City: _____ Zip: _____ Company Mailing Address: City: _____ Zip: _____ Contact Person for this project: Contact Telephone Number: _____ By signing above, I acknowledge that all company licensing (state and business) is compliant

Attach a copy of: State Contractor's License

Local Business License Driver's License

and active.



General Contractor/Sub-Contractor Affidavits Sub-Contractor Affidavit

Electrical	Plumbing	HVAC	Low Voltage	Insulation
any inspections	covering trade w	ill be scheduled.	. All work must be ins	d and returned before talled by license holder or cense, state license and
Building Permit	#	Site Address:		
Subdivision Nam	ne:		Lot #	
Builder/Owner N	Name:			
By signature below the contractor certifies that work is in compliance with current building codes.				
Company Name	:		Phone #	
Print Name of St	tate License Hold	er:		
Signature of Sta	te License Holder	:		
State License # _			Expiration Date: _	
Name of Power	Company:			
Service Size:		amps	Number of Phases	:
The State of Georgia Construction Industry Licensing Board Act states in part that;				
=		=		ditioned are contracting n of the State Licensing