



City of Dahlonega

465 Riley Road
Dahlonega, GA 30533
706-482-2711 Fax 706-864-4837

General Contractor Affidavit

Date: _____

Building Permit # _____ (ISSUED AT PERMITTING)

Use: _____

Job Location/Address: _____

General Contractor Name (PRINT): _____

Company Name: _____

Company Location/Mailing Address: _____

City: _____ State: _____ Zip: _____

General Contractor License #: _____

City: _____ State: _____ Zip: _____

Contact Person for this project: _____

Contact Telephone Number: _____

Email: _____

Signature: _____

By signing above, I acknowledge that all company licensing (state and business) is compliant and active.

Attach a copy of:
State Contractor's License
Local Business License
Driver's License