

SUBCONTRACTORS AFFIDAVIT

Forsyth / Monroe County
Building Department
52 West Chambers Street
Forsyth, Ga. 31029

Phone (478) 994-7618 Fax (478) 994-7620

THIS FORM SHALL BE COMPLETED, SIGNED AND SUBMITTED TO THE ABOVE DEPARTMENT PRIOR TO COMMENCING WORK. CONTRACTORS AND SUBCONTRACTORS SHALL BE REGISTERED WITH THE DEPARTMENT PRIOR TO SUBMITTING PERMIT APPLICATION OR AFFIDAVITS.

ALLOW 48 HOURS TO PROCESS AFFIDAVIT PRIOR TO REQUESTING AN INSPECTION.

Please Type Or Print.

General Contractor/Owner Building Permit No: _____

(Number is Required For Affidavit To Be Processed)

Name Of General Contractor / Owner: _____

Project Address: _____

___ ELECTRICAL ___ PLUMBING ___ HEATING/ AIR
___ LOW VOLTAGE ___ GAS ___ FIRE PROTECTION

Subcontractors Name: _____

Business Name _____

Address: _____

City / State / Zip _____

Business Phone _____ Fax _____

State License # _____

I HEREBY CERTIFY THAT I AM RESPONSIBLE FOR AND AUTHORIZED BY THE GENERAL CONTRACTOR TO PERFORM THE ABOVE STATED WORK.

SIGNATURE: _____ DATE: _____

(State License Holder)

*****NOTE*****

IF YOU HAVE NOT REGISTERED WITH THIS DEPARTMENT, YOU NEED TO FURNISH A COPY OF YOUR STATE LICENSE AND BUSINESS LICENSE (IF YOUR JURISDICTION REQUIRES IT), PRIOR TO SUBMITTING THIS AFFIDAVIT.