

SUBCONTRACTOR AFFIDAVIT
MERIWETHER COUNTY DEPARTMENT OF PLANNING & ZONING AND
COMMUNITY DEVELOPMENT

BUILDING PERMIT # _____

OFFICE USE ONLY

This form is part of the permit application file for the reference building permit
NOTICE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED BEFORE A PERMIT MAY BE ISSUED OR WORK MAY COMMENCE:

JOB SITE: _____

This is to certify that I am responsible for installations at the above location:

BUILDER COMPANY NAME _____

ADDRESS _____ PHONE NUMBER _____

SIGNATURE _____ BUS. LIC. # _____ VERIFIED BY _____

ELECTRICAL COMPANY NAME _____

ADDRESS _____ PHONE NUMBER _____

LICENSE HOLDER _____ SIGNATURE _____

STATE LICENSE # _____ TYPE: RESTRICTED NON-RESTRICTED

BUS. LIC. # _____ VERIFIED BY _____

PLUMBING COMPANY NAME _____

ADDRESS _____ PHONE NUMBER _____

LICENSE HOLDER _____ SIGNATURE _____

STATE LICENSE # _____ TYPE: RESTRICTED NON-RESTRICTED

BUS. LIC. # _____ VERIFIED BY _____

HVAC COMPANY NAME _____

ADDRESS _____ PHONE NUMBER _____

LICENSE HOLDER _____ SIGNATURE _____

STATE LICENSE # _____ TYPE: RESTRICTED NON-RESTRICTED

BUS. LIC. # _____ VERIFIED BY _____

ID FOR THE LICENSE HOLDER MUST BE SUBMITTED WITH THIS FORM, NO EXCEPTIONS ALLOWED.

NEW AFFIDAVIT MUST BE FILED IF ANY CHANGES IN SUBS IS MADE DURING CONSTRUCTION.

(This form is a part of the permit application filed for the above-referenced property.)