

# SUB CONTRACTOR AFFIDAVIT

## MERIWETHER COUNTY BUILDING & ZONING DEPARTMENT

***THIS FORM MUST BE COMPLETED, SIGNED, NOTARIZED AND  
SUBMITTED TO THE BUILDING & ZONING DEPARTMENT  
PRIOR TO ANY INSPECTIONS ASSOCIATED WITH ELECTRICAL,  
PLUMBING AND/OR MECHANICAL WORK.***

BUILDING PERMIT NUMBER:

\_\_\_\_\_

LOT NUMBER: \_\_\_\_\_

JOB SITE NAME/ADDRESS/SUBDIVISION:

\_\_\_\_\_

\_\_\_\_\_

THIS IS TO CERTIFY THAT I HOLD THE STATE LICENSE (CHECK  
BELOW) AND I AM THE SUB CONTRACTOR ON THE JOB.

- PLUMBING \_\_\_\_\_
- ELECTRICAL \_\_\_\_\_
- HVAC \_\_\_\_\_
- MECHANICAL \_\_\_\_\_

COMPANY NAME & ADDRESS:

\_\_\_\_\_

STATE LICENSE NUMBER:

\_\_\_\_\_

BUSINESS LICENSE NUMBER:

\_\_\_\_\_

COMPANY BUSINESS PHONE NUMBER:

\_\_\_\_\_

**I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB  
UNLESS I NOTIFY THE BUILDING & ZONING DEPARTMENT IN  
WRITING THAT I AM NOT RESPONSIBLE FOR THIS JOB.**

GENERAL CONTRACTOR SIGNATURE:

\_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 2020

SIGNATURE: \_\_\_\_\_

NOTARY PUBLIC STATE OF GEORGIA MY COMMISSION EXPIRES

\_\_\_\_\_