



Building and Permitting
 4119 Adrian Street
 Tucker, GA 30084
 Phone: 678-597-9040
 Email: permits@tuckerga.gov
 Website: www.tuckerga.gov

Subcontractor Affidavit

REQUIREMENTS:

1. This form must be completed, signed, and submitted to the Building Permits Division prior to construction.
2. A copy of the license holder's ID, business license and State of Georgia license must be submitted.
3. No inspections are allowed until the appropriate Subcontractor Affidavit form is submitted to the Building Permits Division

Name of License Holder: _____

Company Name: _____ Address: _____

State License Number: _____ Expiration Date: _____

Business License Number: _____ Jurisdiction: _____

Email Address: _____ Phone Number: _____

Select the scope of work the license holder is responsible for:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> HVAC/Mechanical | <input type="checkbox"/> Septic Tank Only |
| <input type="checkbox"/> Kitchen Hood | <input type="checkbox"/> Water Service Only | <input type="checkbox"/> Gas Piping | <input type="checkbox"/> Septic Line Connection |
| <input type="checkbox"/> Refrigeration System | <input type="checkbox"/> Sewer Line Connection | <input type="checkbox"/> Sewer Lateral Only | <input type="checkbox"/> Mobile Home Installation |
| <input type="checkbox"/> Other _____ | | | |

License holder declares responsibility for scope of work indicated for the following permits:

1. Building Permit Number: _____ General Contractor: _____

Job Site Address: _____

This is to certify that I am responsible for the scope of work indicated above. In the event of any change in my status on this installation, I understand that I will be held responsible for the job until the Community Development Department has been notified, in writing, of any change.

 Subcontractor Signature

 Date

 Notary Signature

State of Georgia
 Sworn and Subscribed before me
 This ____ day of _____ 20____

Notary Seal