

**SUBCONTRACTOR AFFIDAVIT**

SPALDING COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT  
PERMITTING/INSPECTIONS DIVISION CONSTRUCTION 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 \_\_\_\_\_

MASTER'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STATE SKILL CARD # \_\_\_\_\_ TYPE: RESTRICTED ( ) NON-RESTRICTED ( )

BUS. LIC. # \_\_\_\_\_ VERIFIED BY \_\_\_\_\_



PLUMBING ( ) COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MASTER'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STATE SKILL CARD # \_\_\_\_\_ TYPE : RESTRICTED ( ) NON-RESTRICTED ( )

BUS. LIC. # \_\_\_\_\_ VERIFIED BY \_\_\_\_\_



HVAC ( ) COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MASTER'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STATE SKILL CARD # \_\_\_\_\_ TYPE : RESTRICTED ( ) NON-RESTRICTED ( )

BUS. LIC. # \_\_\_\_\_ VERIFIED BY \_\_\_\_\_



NOTE: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGE IN SUBS IS MADE DURING CONSTRUCTION. A NEW AFFIDAVIT MUST BE FILED EACH YEAR WITH THE CURRENT BUSINESS LICENSE AND STATE CARD NUMBER.

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