

City of Suwanee  
330 Town Center Avenue  
Suwanee, GA 30024  
770-945-8996 (phone)

## SUB-CONTRACTOR AFFIDAVIT

Notice: This form must be completed, signed and submitted to the Building Permit Department before work may commence **and must be in the office at least 24 hours prior to requesting an inspection.** Please attach a copy of your business license, drivers license and state card.

Building Permit Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Subdivision/Business Park \_\_\_\_\_

Job Site Address: \_\_\_\_\_

General Contractor: \_\_\_\_\_

***This is to certify that I am responsible for the following:***

Electrical                       Heating /Air                       Plumbing

**Please check below the type of license you hold and are using for this job:**

- Electrical Contractor Class I (Restricted to Single –Phase, not exceeding 200 amps)
- Electrical Contractor Class II (Unrestricted)
- Master Plumber Class I (Restricted to S/F, 1-level Duplex and Commercial up to 10,000 sq. ft.)
- Master Plumber Class II (Unrestricted)
- Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)
- Conditioned Air Class II (Unrestricted)
- Low-Voltage Contractor Class I.V - U (Restricted to Alarm & General System Low Voltage)
- Low-Voltage Contractor Class I.V - G (Restricted to General System Low Voltage)
- Low–Voltage Contractor Class I.V - U (Unrestricted)

***In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Building Department has been notified in writing of any change.***

Signature (Original): \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Business License Number: \_\_\_\_\_

State License Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_