

# SUB-CONTRACTOR AFFIDAVIT

CITY OF LULA

Office: (770) 869-3801 Fax: (770) 869-1299

## GENERAL CONTRACTOR SHALL CALL IN ALL INSPECTIONS

**Notice:** This form must be completed, signed and submitted to the Department of Planning & Development before work may commence. AFFIDAVIT MUST BE IN OFFICE AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION.

Building Permit Number: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ Lot/Block: \_\_\_\_\_

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

This is to certify that I am responsible for the:

- Electrical       Plumbing       Low Voltage  
 Heating & Air       Mobile Home Installation

### PLEASE CHECK THE TYPE OF STATE LICENSE YOU HOLD AND ARE USING ON THE JOB:

- Electrical Contractor Class I (Restricted to single-phase, not exceeding 200 amps)  
 Electrical Contractor Class II (Unrestricted)  
 Master Plumber Class I (Restricted to single-family, 1 level duplex & commercial up to 10,000 SF)  
 Master Plumber Class II (Unrestricted)  
 Conditioned Air Contractor Class I (Restricted to 60,000 BTU cooling & 175,000 BTU heating)  
 Conditioned Air Contractor Class II (Unrestricted)  
 Low-Voltage Contractor Class LV-A (Restricted to alarm & general system low voltage)  
 Low-Voltage Contractor Class LV-T (Restricted to tele-communication & general system low voltage)  
 Low-Voltage Contractor Class LV-U (Unrestricted)  
 Mobile/Manufactured Home Installer

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

As a plumber, I am certifying that any pipe, solder or flux used in the plumbing in this structure will be lead free as required by Sections 303.7.1(4), 308, 612, and 706 of the Georgia State Minimum Standard Plumbing Code, 1995 Edition.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Occupational Tax Number (FKA Business License Number): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Must attach copy of license)

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_