Griffin

SEAL

One Griffin Center | 100 S. Hill Street | Griffin, GA 30224 P 770.233.4130 W: cityofgriffin.com

SUBCONTRACTOR AFFIDAVIT

This form must be completed, signed, notarized and submitted before a permit may be issued or work may commence. A new affidavit must be filed if any change in subcontractors is made during construction. A new affidavit must be completed for each job and attach the occupational tax certificate, state license and driver's license of the subcontractor. This form is part of the permit application filed for the below referenced property. A penalty will be assessed and/or a court citation to the City of Griffin Municipal Court will be issued to any contractor or subcontractor who commences work before paying all associated permitting fees in full and before a permit is issued.

□ Electric □ Plumbing □ Mechanical □ Low Voltage □ Fire Sprinkler □ Other	*SITE ADDRESS:				
*MASTER NAME: *STATE LICENSE #: *COMPANY NAME: *CITY/STATE/ZIP: *ADDRESS: *CITY/STATE/ZIP: *EMAIL ADDRESS: *PHONE #: *OCCUPATIONAL TAX #: *COUNTY/CITY: *Select the trade(s) in which you are licensed for the site address listed above: Electric Plumbing Mechanical Low Voltage Fire Sprinkler Other	*GENERAL CONTRACTOR:				
*COMPANY NAME: *ADDRESS: *CITY/STATE/ZIP: *EMAIL ADDRESS: *PHONE #: *OCCUPATIONAL TAX #: *COUNTY/CITY: *Select the trade(s) in which you are licensed for the site address listed above: Electric Plumbing Mechanical Low Voltage Fire Sprinkler Other *Limitations to state license referenced above: Restricted Non-restricted This is to certify that I am responsible for the installation at the above listed site address or subdivision for the contractor listed on t affidavit. In the event of any changes in my status of the information mentioned above, I understand that I will be responsible for t installation until the City of Griffin Department of Planning & Development Services has been notified in writing of any changes.	Subcontractor Information				
*ADDRESS: *CITY/STATE/ZIP: *EMAIL ADDRESS: *PHONE #: *OCCUPATIONAL TAX #: *COUNTY/CITY: *Select the trade(s) in which you are licensed for the site address listed above: Electric Plumbing Mechanical Low Voltage Fire Sprinkler Other *Limitations to state license referenced above: Restricted Non-restricted This is to certify that I am responsible for the installation at the above listed site address or subdivision for the contractor listed on t affidavit. In the event of any changes in my status of the information mentioned above, I understand that I will be responsible for the installation until the City of Griffin Department of Planning & Development Services has been notified in writing of any changes.	*MASTER NAME:		*STATE LICENSE #:		
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*License Holder's Printed Name License Holder's Signature	affidavit. In the event of any changes in my stat	tus of the information mention	oned above, I understand that I w	ill be responsible for this	
	*License Holder's Printed Name	<u>.</u>	License Holder's Sign	ature	
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF		ON THIS THE			

_Notary Public

My Commission Expires: