

SUB CONTRACTORS AFFIDAVIT

Bureau of Inspection & Fees
Centerville / Houston County
300 East Church Street
Centerville, GA 31028
PHONE: (478) 953-4734 FAX: (478) 953-4797

NOTICE: THIS FORM SHALL BE COMPLETED, SIGNED AND SUBMITTED TO THE ABOVE DEPARTMENT PRIOR TO COMMENCING WORK. *CONTRACTORS AND SUBCONTRACTORS SHALL BE REGISTERED WITH THE DEPARTMENT PRIOR TO SUBMITTING PERMIT APPLICATION OR AFFIDAVITS. ALLOW 48 HOURS TO PROCESS AFFIDAVIT PRIOR TO REQUESTING AN INSPECTION.*

PLEASE TYPE OR PRINT

GENERAL CONTRACTOR'S BUILDING PERMIT NO.: _____
(NUMBER IS REQUIRED FOR AFFIDAVIT TO BE PROCESSED)

NAME OF GENERAL CONTRACTOR/OWNER: _____

PROJECT ADDRESS _____

SUBCONTRACTORS NAME: _____
ADDRESS: _____ CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____

ELECTICAL

NEW SERVICE CHANGE SERVICE REWIRE ALT. SIGN POOL
 OTHER: _____ COST EST. VALUE: _____

LOW VOLTAGE

ALARM TELECOMM. GENERAL UNRESTRICTED
 OTHER: _____ COST EST. VALUE: _____

PLUMBING

TOTAL # FIXTURES: _____

SEWER LATERAL SEPTIC TANK RENEWALS GREASE TRAP WT.HT. BACKFLOW
 OTHER: _____ COST EST. VALUE: _____

MECHANICAL

ELECTRICAL GAS COMBO REFRIG. COMM. HOOD DUCTWORK
 OTHER: _____ COST EST. VALUE: _____

HVAC

NEW SERVICE CHANGE SERVICE TONNAGE OF UNIT NUMBER OF UNITS
 OTHER: _____ COST EST. VALUE: _____

FIRE PROTECTION SYSTEMS

TYPE OF SYSTEM: 13 13R 13D

SPRINKLER ABOVE GRND SPRINKLER BELOW GRND SLT. SYSTEM STANDPIPE FIRE PUMP
 OTHER: _____ COST EST. VALUE: _____

I HEREBY CERTIFY THAT I AM RESPONSIBLE FOR AND AUTHORIZED BY THE GENERAL CONTRACTOR TO PERFORM THE ABOVE STATED WORK

SIGNATURE: _____ DATE: _____