

**Building and Permitting** 1975 Lakeside Parkway Suite 350 Tucker, GA 30084

Phone: 678-597-9040 Email: permits@tuckerga.gov

Website: www.tuckerga.gov

## **Subcontractor Affidavit**

on

## **REQUIREMENTS:**

- 1. This form must be completed, signed, and submitted to the Building Permits Division prior to construction.
- 2. A copy of the license holder's ID, business license and State of Georgia license must be submitted.
- 3. No inspections are allowed until the appropriate Subcontractor Affidavit form is submitted to the Building **Permits Division**

State License Number:Business License Number:		Address: Expiration Date: Jurisdiction: Phone Number:					
				Select the scope of wo	rk the license holder is respo	onsible for:	
				☐ Refrigeration System	☐ Water Service Only	☐ Sewer Lateral Only	☐ Septic Line Connection
				1. Building Permit Num	nber: Gene	ral Contractor:	
Job Site Address: This is to certify that I a this installation, I unde	am responsible for the scope or stand that I will be held resp	of work indicated above. In the					
Job Site Address: This is to certify that I a this installation, I unde has been notified, in w	am responsible for the scope of rstand that I will be held responsible, of any change.	of work indicated above. In the onsible for the job until the Co	event of any change in my status mmunity Development Departme				
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