



# CITY OF GAINESVILLE

**Community Development  
Inspection Services Division**

**P.O. Box 2496**

**311 Henry Ward Way  
Gainesville, Georgia 30503**

**770-531-6570 Fax 678-989-3397**

DATE \_\_\_\_\_

NOTICE: This form must be completed and submitted to the Building Permit Section before a permit can be issued and MUST BE IN THE OFFICE AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION.

BUILDING PERMIT NUMBER \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_

JOB SITE ADDRESS \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_

This is to certify that I am responsible for the (PLEASE CHECK ONE) \_\_\_ Electrical \_\_\_ Plumbing \_\_\_ HVAC

***YOU WILL NEED TO ATTACH A COPY OF YOUR BUSINESS LICENSE AND STATE CARD.***

Please check on below for 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 and 175,000 BTU Heating)
- Conditioned Air Contractor Class II (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 Gainesville Building Inspections has been notified, in writing, of any change.

SIGNATURE (ORIGINAL) \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

BUSINESS LICENSE NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE LICENSE NUMBER (PLEASE INCLUDE ALL LETTERS) \_\_\_\_\_ EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_

**SUB-CONTRACTOR AFFIDAVIT**