

SUB-CONTRACTOR AFFIDAVIT

For New Residential Only

Site Address:			
Subdivision:		Lot/Block/Phase:	
General Contractor:			
This is to certify that I am responsible for the (PLEASE CHECK ONE):			
Electrical		Plumbing	HVAC

Please check one box below for the type of license you hold and are using for this job:

<input type="checkbox"/>	Electrical Contractor Class I (Restricted to Single-Phase, not exceeding 200 amps)
<input type="checkbox"/>	Electrical Contractor Class II (Unrestricted)
<input type="checkbox"/>	Master Plumber Class I (Restricted to S/F, 1 level Duplex and Commercial up to 10,000 sq. ft.)
<input type="checkbox"/>	Master Plumber Class II (Unrestricted)
<input type="checkbox"/>	Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling and 175,000 BTU Heating)
<input type="checkbox"/>	Conditioned Air Contractor Class II (Unrestricted)

Please PRINT Name of License Holder:		
Business License Number:	City/County:	Expires:
State License Number (PLEASE INCLUDE ALL LETTERS):		Expires:
Company Name:		
Company Address:		
City:	State:	Zip:
Company Phone:	Email:	

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 Inspections Services Division of the Gainesville Community & Economic Development Department has been notified, in writing, of any change.

Signature of License Holder (**MUST BE ORIGINAL**): _____ Date: _____

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