SUB-CONTRACTOR AFFIDAVIT
CITY OF DULUTH
Office: (770) 476-1790/Fax: (770) 814-3008
Inspection Request Line: (770) 497-5333

GENERAL CONTRACTOR SHALL CALL IN ALL INSPECTIONS.

NOTICE: This form must be completed, signed and submitted to the Department of Planning & Development before work may commence. A copy of your state license and business license must be attached to each form. AFFIDAVIT MUST BE IN OFFICE AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION.

Building Permit Number: _____

Job Site Address: _____ Lot/Block: _____

General Contractor: _____

This is to certify that I am responsible for the: ☐ Electrical ☐ Plumbing ☐ Low Voltage ☐ Heating & Air ☐ Mobile Home Installation

PLEASE CHECK THE TYPE OF STATE LICENSE YOU HOLD AND ARE USING ON 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 single-family, 1 level Duplex & Commercial up to 10,000 SF)
☐ Master Plumber Class II (Unrestricted)
☐ Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)
☐ Conditioned Air Contractor Class II (Unrestricted)
☐ Low-Voltage Contractor Class LV-A (Restricted to Alarm & general system low voltage)
☐ Low-Voltage Contractor Class LV-T (Restricted to Tele-Communication & general system low voltage)
☐ Low-Voltage Contractor Class LV-U (Unrestricted)
☐ Mobile/Manufactured Home Installer

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 Department has been notified, in writing, of any change.

As a plumber, I am certifying that any pipe, solder or flux used in the plumbing in this structure will be lead free as required by Sections 303.7.1(4), 308, 612 and 706 of the Georgia State Minimum Standard Plumbing Code, 1995 Edition.

Signature: _____

Print Name: _____

Occupational Tax No. (FKA Business License No.): _____
(must attach copy)

Expiration Date: _____ Issuing Authority: _____

State License No.: _____ Expiration Date: _____
(must attach copy)

Company Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Email Address: _____