



# HALL COUNTY BUILDING INSPECTIONS

2875 Browns Bridge Road, 3<sup>rd</sup> Floor  
Gainesville, GA 30504

Phone: (770) 297-2650 Fax: (770) 531-3901

DATE \_\_\_\_\_

NOTICE: This form must be completed and submitted to the Building Permit Section before a permit can be issued and MUST BE IN 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 one 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 Hall County 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: ( ) \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SUB-CONTRACTOR AFFIDAVIT**