

MECHANICAL

Sub-Contractor Affidavit
Emanuel County
Building Inspection Department

NOTICE: SUB-CONTRACTOR AFFIDAVITS MUST BE AN ORIGINAL, NOTARIZED DOCUMENT SIGNED BY THE LICENSED CONTRACTOR. THIS AFFIDAVIT IS TO BE SUBMITTED TO THE BUILDING INSPECTIONS DEPARTMENT WHEN APPLYING FOR A BUILDING PERMIT. A PERMIT IS REQUIRED FOR ANY HVAC INSTALLATION OTHER THAN AN ORDINARY REPAIR. IN THE CASE OF AN EMERGENCY SITUATION (affecting the health, safety and welfare of the occupant) A PERMIT FOR REPLACEMENT UNIT MAY BE OBTAINED WITHIN 48 HOURS OF INSTALLATION.

BUILDING PERMIT#: _____
OWNER: _____
JOB SITE ADDRESS: _____
GENERAL CONTRACTOR: _____

THIS AFFIDAVIT CERTIFIES THAT THE HVAC INSTALLATION WILL BE INSTALLED TO THE REQUIREMENTS OF THE 2012 IRC FOR RESIDENTIAL APPLICATION & 2012 IMC & IFGC FOR COMMERCIAL PROJECTS. PLEASE NOTE THAT THE AFOREMENTIONED CODES HAVE BEEN AMENDED BY THE STATE OF GA AND STATE AMENDMENTS ARE APPLICABLE.

Please indicate applicable state GA license:

_____ CONDITIONED AIR CONTRACTOR, CLASS I (Restricted to 60,000 BTU cooling <md 175,000 BTU heating)
_____ CONDITIONED AIR CONTRACTOR, CLASS II (Unrestricted)

THE SUBMITTAL OF THIS AFFIDAVIT IS VERIFICATION THAT I AM A GA STATE LICENSED AIR CONDITIONED CONTRACTOR. IN THE EVENT OF ANY CHANGE IN THE STATUS OR INVOLVEMENT WITH THIS PERMIT, THE UNDERSIGNED IS CONSIDERED RESPONSIBLE UNTIL EMANUEL COUNTY BUILDING INSPECTIONS HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE IN JOB RESPONSIBILITIES. SUB-CONTRACTOR IS ALSO RESPONSIBLE FOR NOTIFYING EMANUEL COUNTY BUILDING DEPARTMENT IF AND WHEN ANY SANCTIONS ARE IMPOSED BY THE STATE CONSTRUCTION INDUSTRY LICENSING BOARD AFFECTING THE AIR CONDITIONED CONTRACTOR'S LICENSE.

COMPANY NAME: _____
COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____ BUSINESS PHONE () _____
BUSINESS LICENSE NUMBER AND COUNTY **ISSUING:** _____
STATE LICENSE NUMBER _____ EXPIRATION DATE: _____
PLEASE PRINT NAME OF CARD HOLDER: _____
SIGNATURE OF CARD HOLDER: _____

NOTARY SIGNATURE SEAL: