

ELECTRICAL
Sub-Contractor Affidavit
Emanuel County, Georgia
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 BUILDING PERMIT. A PERMIT IS REQUIRED FOR ANY ELECTRICAL INSTALLATION OTHER THAN AN ORDINARY REPAIR. IN CASE OF AN EMERGENCY SITUATION (affecting the health, safety and welfare of the occupant) A PERMIT MAY BE OBTAINED WITHIN 48 HOURS OF INSTALLATION.

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

THIS AFFIDAVIT CERTIFIES THAT THE ELECTRICAL INSTALLATION WILL BE INSTALLED TO THE REQUIREMENTS OF THE 2011 NATIONAL ELECTRICAL CODE AS AMENDED BY THE STATE OF GA.

Please indicate applicable state GA license:

_____ ELECTRICAL CONTRACTOR, CLASS I (Restricted to Single-Phase, not to exceed 400 AMPS)
_____ ELECTRICAL CONTRACTOR, CLASS II (Unrestricted)

THE SUBMITTAL OF THIS AFFIDAVIT IS VERIFICATION THAT I AM A GA STATE LICENSED ELECTRICAL 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 ELECTRICAL 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:

101 North Main Street, 3rd Floor
Swainsboro, Georgia 30401
Office: 478-237-6514, Cell: 478-455-0140