

CONTRACTING
Contractor Affidavit
Emanuel County, Georgia
Building Inspection Department

NOTICE: 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 PLUMBING WORK OTHER THAN AN ORDINARY REPAIR. IN THE CASE OF AN EMERGENCY SITUATION (i.e. hot water heater failure, etc.) A PERMIT MAY BE OBTAINED WITHIN 48 HOURS OF INSTALLATION.

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

THIS AFFIDAVIT CERTIFIES THAT CONTRACTING, CONSTRUCTION MANAGEMENT, AND SUPERVISION OF THIS PROJECT WILL MEET THE REQUIREMENTS OF THE 2012 EDITION OF THE INTERNATIONAL RESIDENTIAL/BUILDING CODES AS AMENDED BY GEORGIA INCLUDING LICENSED ACTIVITIES REQUIREMENTS AS OUTLINED IN O.C.G.A. 43-41 RESIDENTIAL AND GENERAL CONTRACTORS.

Please indicate applicable state GA license:

- Residential Basic Company
- Residential Basic Individual
- Residential Basic Qualifying Agent
- Residential Light Company
- Residential Light Commercial Individual
- Residential Light Qualifying Agent
- General Contractor Company
- General Contractor Individual
- General Contractor Qualifying Agent
- General Contractor Limited Tier Company
- General Contractor Limited Tier Individual
- General Contractor Limited Tier Qualifying Agent

THE SUBMITTAL OF THIS AFFIDAVIT IS VICRIFICATION THAT THE UNDERSIGNED IS LICENSED CONTRACTOR IN THE STATE OF GA. 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 RESPONSIBILITES. UNDERSIGNED IS ALSO RESPONSIBLE FOR NOTIFYING EMANUEL COUNTY BUILDING DEPARTMENT IF AND WHEN ANY SANCTIONS ARE IMPOSED BY THE STATE CONSTRUCTION INJLUSTRY LICENSING BOARD AFFECTING THE CONTRACTOR'S LICENSE.

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

NOTARY SIGNATURE SEAL: