



Planning and Development
 4385 Pecan Street
 P.O. Box 39
 Loganville, GA 30052
 Tel: 770-466-2633
 Fax: 770-554-5556

SUBCONTRACTOR AFFIDAVIT

**INSPECTIONS SHALL NOT BE MADE UNTIL AFFIDAVITS ARE RECEIVED (NO FAXES ACCEPTED)
 NO AFFIDAVITS • NO INSPECTIONS • NO EXCEPTIONS!**

PERMIT #: _____ DATE: _____

SUBDIVISION/BUSINESS: _____ STREET ADDRESS _____

ESTIMATED COST OF CONSTRUCTION: _____ LOT: _____ COUNTY: _____ MAP/PARCEL#: _____

PROPERTY OWNER: _____ OWNER ADDRESS: _____

This is to certify that I am responsible for the following: RESIDENTIAL COMMERCIAL

- Electrical Plumbing Heat/Air Water Heater Duct Work
- Outside Disconnect Underground Overhead Number Amps _____
- Grease Hood Refrigeration System Gas Piping Sewer/Septic Connection

**CHECK below the type of STATE LICENSE you hold applicable to this project:
 (A copy of your state license, business license and driver's license must be attached to this affidavit)**

- Electrical Contractor Class I (Restricted to Single-Phase, not exceeding 200 Amps at service drop or lateral)
- Electrical Contractor Class II (Unrestricted)
- Low-Voltage Contractor Class LF-A (Restricted to Alarm & General System Low Voltage)
- Low-Voltage Contractor Class LV-G (Restricted to General System Low Voltage)
- Low-Voltage Contractor Class LV-T (Restricted to Telecommunications & General System Low Voltage)
- Low-Voltage contractor class LV-U (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)
- Utility Contractor (Utility Manager Name: _____ License #: _____)
- Septic (Septic Tank – GA-TC)
- Conditioned Air Contractor Class I (Restricted to 5 tons BTU Cooling / 175,000 BTU Heating per unit)
- Conditioned Air Contractor Class II (Unrestricted)

I certify that I will comply with all Codes and Ordinances adopted by the City of Loganville. In the event of any change in my status on this installation, I understand that I will be held responsible for all work indicated until the Planning & Development Department has been notified in writing.

I understand that it is my responsibility to insure that the sewer or septic line connection is installed in accordance with the Georgia State Plumbing Code and Ordinances or Specifications adopted by the City of Loganville. I further certify that the sanitary sewer connection has been completed utilizing an approved 4" x 6" type sealing device. I hereby agree to indemnify the City of Loganville and its inspectors from any liability for damages or loss of property if the sewer or septic line connection has not been installed in accordance with these codes, ordinances and specifications

OCCUPATIONAL TAX CERTIFICATE #: _____ CITY/COUNTY OF ISSUANCE: _____ STATE LICENSE#: _____

COMPANY NAME: _____

COMPANY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ MOBILE: _____

NAME: _____ SIGNATURE: _____

TOTAL: _____ CHECK #: _____ RECEIPT #: _____ RECEIVED BY: _____ DATE: _____



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STREET ADDRESS: _____ PERMIT NUMBER: _____

EXPLAIN IN DETAIL NATURE OF WORK PERFORMED
