City of
Loganville

UTILITY CONTRACTOR AFFIDAVIT

DATE:_____   PERMIT #_____

PROJECT INFORMATION	PROJECT NAME_____ ADDRESS_____ EXTIMATED COST $_____ LOT/SUITE # _____ MAP & PARCEL # _____
PROPERTY OWNER	PROPERTY OWNER_____ ADDRESS_____
CONTRACTOR	OCCUPATIONAL TAX CERTIFICATE #_____ JURISDICTION OF ISSUANCE_____ COMPANY NAME_____OWNER NAME_____ STREET ADDRESS_____CITY_____STATE_____ZIP_____ OFFICE PHONE_____EMAIL_____ STATE LICENSE #_____ LICENSE HOLDER'S NAME_____ CHECK below to certify you are responsible for the following: ☐ **RESIDENTIAL** ☐ **COMMERCIAL** ☐ Sewer ☐ Water ☐ Stormwater ☐ Reclaimed Water **(A copy of your state license, business license and driver's license must be attached to this affidavit)**
DETAIL OF WORK PERFORMED	_____ _____ _____ _____ _____ _____ _____ _____

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 all work is installed in accordance with the adopted Georgia State Minimum Standard Codes and Ordinances or Specifications adopted by the City of Loganville. I hereby agree to indemnify the City of Loganville and its inspectors from any liability for damages or loss of property if all work has not been installed in accordance with these codes, ordinances and specifications. Failure to comply or false statements shall be grounds for revocation of permit.

SIGNATURE:_____ DATE:_____

OFFICE USE ONLY

APPROVED BY BUILDING OFFICIAL:_____DATE:_____

TOTAL:_____ CASH/CHECK #:_____RECEIPT #:_____RECEIVED BY:_____