

**City of Dacula** 

Sub-contractor Affidavit

			Today's Date:	
Notice:	This form must be completed, signed a commence, <u>AND MUST BE IN OFFICE A</u>			
Master E	Building Permit Number			
Subdivis	ion/Project Name:		Lot:	Block:
Job Site	Address:			
General	Contractor:			
This is to	o certify that I am responsible for the:	Electrical	Plumbing	Heat/Air
Project 1	Type:Commercial (\$75 fee)	Residential (Included with	n permit)	
<ul> <li><u>Please check below the type of license you hold and are using for this job:</u></li> <li>[] Electrical Contractor Class I ( Restricted to Single-Phase, not exceeding 200 amps)</li> </ul>				
[]	Electrical contractor Class II ( Un-Restricted ) Master Plumber Class I ( Restricted to S/F, 1-level Duplex and Commercial up to 10,000 sq. ft.)			
[]	Master Plumber Class II (Un-Restricted)			
[]	Conditioned Air contractor Class I ( Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)			
[]	Conditioned Air Contractor Class II ( Un-Restricted)			
[]	Low-Voltage Contractor Class I.VU (Restricted to Alarm & general system low voltage)			
[]	Low-Voltage Contractor Class I.VT (Restricted to Tele-Communication & general system l.v.)			
[]	Low-Voltage Contractor Class I.VG (Restricted to general system low voltage)			
[]	Low-Voltage Contractor Class I.VU ( Un-Restricted)			
In the event of any change in my status regarding this installation, I understand that I will be held responsible for this job until Building Inspections has been notified, in writing, of any change.				
Signatur	e (Original):			
Please Print Name:				
Occupat	ional Tax ID Number:			
State Lic	ense Number:			
Compan	y Name:			
	y Street Address:			
City:		State:	Zip:	
Phone:	Ema	il Address:		

Please include a copy of your state license, occupational tax certificate and photo ID