

City of Dacula
442 Harbins Road
P. O. Box 400
Dacula, Georgia 30019
770-963-7451
daculacityhall@daculaga.gov

Today's Date _____

Notice: This form must be completed, signed and submitted to the Building Permit Section before work may commence, AND MUST BE IN OFFICE AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION.

COMBINATION BUILDING PERMIT NUMBER _____

SUBDIVISION: _____ LOT: _____ BLOCK: _____

JOB SITE ADDRESS: _____

GENERAL CONTRACTOR: _____

This is to certify that I am responsible for the: _____ Electrical _____ Plumbing _____ Heat/Air

Please check below the type of license you hold and are using for this job:

- Electrical Contractor Class I (Restricted to Single-Phase, not exceeding 200 amps)
- Electrical contractor Class II (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)
- Conditioned Air contractor Class I (Restricted to 60,000 BTU Cooling & 175,000 BTU Heating)
- Conditioned Air Contractor Class II (UnRestricted)
- Low-Voltage Contractor Class I.V.-U (Restricted to Alarm & general system low voltage)
- Low-Voltage Contractor Class I.V.-T (Restricted to TeleCommunication & general system l.v.)
- Low-Voltage Contractor Class I.V.-G (Restricted to general system low voltage)
- Low-Voltage Contractor Class I.V.-U (UnRestricted)

In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Building Inspections has been notified, in writing, of any change.

SIGNATURE (ORIGINAL): _____

PLEASE PRINT NAME: _____

OCCUPATIONAL TAX NUMBER: _____

STATE LICENSE NUMBER: _____

COMPANY NAME: _____

COMPANY STREET ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____

SUB-CONTRACTOR AFFIDAVIT