



HALL COUNTY BUILDING INSPECTIONS

P.O. Box 1435
Gainesville, GA 30503

Phone: (770) 531-6809 Fax: (770) 531-3901

DATE _____

NOTICE: This form must be completed and submitted to the Building Permit Section before a permit can be issued and MUST BE IN OFFICE AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION.

BUILDING PERMIT NUMBER: _____

SUBDIVISION _____ LOT _____ BLOCK _____

JOB SITE ADDRESS _____

GENERAL CONTRACTOR _____

This is to certify that I am responsible for the (PLEASE CHECK ONE) _____ Electrical _____ Plumbing _____ HVAC

YOU WILL NEED TO ATTACH A COPY OF YOUR BUSINESS LICENSE AND STATE CARD.

Please check one below for 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 and 175,000 BTU Heating)
- Conditioned Air Contractor Class II (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 Hall County Building Inspections has been notified, in writing, of any change.

SIGNATURE (ORIGINAL) _____

PLEASE **PRINT** NAME: _____

BUSINESS LICENSE NUMBER _____ COUNTY _____ EXPIRES ____/____/____

STATE LICENSE NUMBER (PLEASE INCLUDE ALL LETTERS) _____ EXPIRES ____/____/____

COMPANY NAME _____

COMPANY STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

COMPANY MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE: () _____ CELL # _____

SUB-CONTRACTOR AFFIDAVIT