SNELLVILLE
Planning and Development

City of Snellville
Department of Planning and Development
2342 Oak Road, 2nd Floor
Snellville, GA 30078
www.snellville.gov

(770) 985-3513
(770) 985-3514

SUBCONTRACTOR AFFIDAVIT

General Contractor Business Name | Job Permit Number (Required)

G/C Business Address: Street Number / Street Name or PO Box / City, State, Zip

Job Site Street Number | Street Name | Lot Number

Subdivision / Project Name

THIS IS TO CERTIFY THAT I WILL BE RESPONSIBLE FOR THE FOLLOWING:

☐ ELECTRICAL ☐ HEATING ☐ PLUMBING

Check the type of State License held and being used for this job:

___ Electrical Contractor (Class I)
___ Conditioned Air Contractor (Class I)
___ Master Plumber (Class I)
___ Low Voltage Contractor (Class I)
___ Electrical Contractor (Class II) unrestricted
___ Conditioned Air Contractor (Class II) unrestricted
___ Plumber (Class II) unrestricted
___ Low Voltage Contractor (Class II) unrestricted

I certify that I am experienced in the classification above and I will comply with all codes and ordinances adopted by the City of Snellville that pertain to the construction of this structure. In the event of any change in my status on this installation, I understand that I will be held responsible for all indicated work at this job until Building Inspections have been notified, in writing, of any change.

Subcontractor Company Name | Office & Cell Phone Numbers

Business Street Number | Street Name | City, Zip Code

Email Address

**MUST ATTACH current Business License, State License, & Driver's License
Email to: endewa@snellville.gov & camos@snellville.gov

Business Owner/Agent Name | Business Owner/Agent Signature | Date