JONES COUNTY PLANNING & ZONING
P. O. Box 1359
Gray, Georgia 31032
Office: 478-986-5117 Fax: 478-986-4550
zoning@jonescountyga.org

Subcontractor Affidavit

Notice: This form shall be completed, signed, and submitted to the above department prior to commencing work. Contractors and subcontracts shall be registered with the department prior to submitting permit applications or affidavits.

PERMIT #: _____ **Date:** _____

Name of General Contractor or Homeowner: _____

Name of Subcontractor: _____

Phone #: _____ Fax #: _____

Construction Site Address: _____ City: _____ State: _____ Zip: _____

ELECTRICAL: (Please check one)					
☐ New Service	☐ Change Service	☐ Rewire	☐ ALT	☐ Sign	☐ Pool
☐ Other	Specify:		Cost Estimate:		
LOW VOLTAGE: (Please check one)					
☐ Alarm	☐ Telecomm	☐ General	☐ Unrestricted		
☐ Other	Specify:		Cost Estimate:		
PLUMBING: (Please check one)					
☐ Sewer Lateral	☐ Septic Tank	☐ Renewals	☐ Grease Trap	☐ Wt. Ht.	☐ Backflow
☐ Other	Specify:		Cost Estimate:		
MECHANICAL: (Please check one)					
☐ Electrical	☐ Gas	☐ Combo	☐ Refrig	☐ Comm. Hood	☐ Duct Work
☐ Other	Specify:		Cost Estimate:		
GAS: (Please check one)					
☐ Natural	☐ Liquified Petroleum	☐ Gas Piping			
☐ Other	Specify		Cost Estimate:		
FIRE PROTECTION: (Please check one)					
☐ Sprinkler Above Grnd.	☐ Sprinkler Below Grnd.	☐ Alt. System	☐ Standpipe	☐ Fire Pump	
☐ Other	Specify:		Cost Estimate:		
MOBILE HOME INSTALLER: Please check ☐					

I hereby certify that I am responsible for and authorized by the general contractor to perform the above stated work.

_____ _____

Signature of Applicant **State of Georgia License #**

Please notify Planning & Zoning in the event your company will no longer be performing the work at this address.