PICKENS COUNTY PLANNING & DEVELOPMENT
1266 East Church Street, Suite 136, Jasper, GA 30143
Phone 706-253-8850 • Email: plandev@pickenscountyga.gov • Fax 706-253-8854

SUBCONTRACTOR AFFIDAVIT

Building Permit #_____ **Subdivision/Lot #** _____

Property Owner's Name: _____

Job Site Address: _____
City State Zip

_____
Print Name

_____ _____
Signature **(Required)** Date

_____
Mailing Address City State Zip

_____
Current Phone Number (**Required**)

This is to certify that I am responsible for the ☐ **Plumbing** ☐ **Mechanical**

Please indicate below the type of State License you hold and are using for this job

☐ Master Plumber Class I (Restricted to S/F. I level duplex and commercial up to 10,000 sq. ft.)
☐ Master Plumber Class E (Unrestricted)

☐ Conditioned Air Contractor Class I (Restricted to 60,000 BTU cooling and 175,000 BTU heating)
☐ Conditioned Air Contractor Class H (Unrestricted)

A COPY OF YOUR STATE & BUSINESS LICENSE IS REQUIRED WITH THIS FORM
AFFIDAVITS MUST BE SUBMITTED PRIOR TO ROUGH INSPECTION REQUESTS

Plumbing/HVAC Contractor's Statement:
The service equipment for the above referenced job location has been installed in accordance with all applicable state codes and county ordinances. In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Planning and Development has been notified in writing of any changes.

This is to certify that I am responsible for the plumbing and/or HVAC service on the above permit.

Signature: _____ **Date:** _____

Please Print Name: _____

County Business License Registered With: _____

Business License Number: _____ Expiration Date: _____

State License Number: _____ Expiration Date: _____

Company Name: _____

Company Street Address: _____

City, State, Zip Code: _____ Phone: _____