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)**

_____
Builder/Contractor's Name **(Please print)**

_____ _____
Signature **(Required)** Date

Type	Batts	Foil	Loose	Foam	R-Value	Thick
Ceiling						
Wall						
Floor						

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

Insulation 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 insulation service on the above permit.

Signature: _____ **Date:** _____

Please Print Name: _____

County Business License Registered With: _____

Business License Number: _____ Expiration Date: _____

Company Name: _____

Company Street Address: _____

City, State, Zip Code: _____ Phone: _____

Updated 2/15/2023