# WALTON COUNTY PLANNING AND DEVELOPMENT

INSPECTION REQUESTS 770-267-1485 OPTION # 1
OR EMAIL inspections@co.walton.ga.us

## CONTRACTOR AFFIDAVIT

CONTRACTORS MUST BE REGISTERED IN WALTON COUNTY PRIOR TO SUBMITTING AFFIDAVITS

**DATE:** _____

Permit #:_____ Address: _____

Permit Name: _____

Residential _____ Commercial _____

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**ELECTRICAL:**

Company/Contractor Name_____Phone_____

Service size or Type of Installation_____

****Any Electric Permit or Addition to any One & Two Family Dwelling will require Smoke Alarms to be installed per IRC Section R 313.1-313.4.1 with Carbon Monoxide Alarms outside of each Sleeping Area. Any Service Change Will Require Intersystem Bonding Termination & Arc Fault Breakers****

Application is hereby made to request the Walton County Inspection Department to inspect the Electrical Service installation at the above stated location for approval of "Temporary Power Connection" to the structure. All service equipment, grounding, bonding, and ground fault circuit interrupter protection for connected circuit(s) shall be installed per the requirements of the Georgia State Electrical Code (NEC).

By signing this application, we understand that the applicants assume all liability and use of electricity on this site. We relieve Walton County from all liability from damage, accident, or injury due to the approval of temporary power connection.

We also understand that **No Occupancy** is allowed until the final inspection has been made and the Certificate of Occupancy/Certificate of Completion issued. Any use or occupancy in violation of the Walton County Construction Code may result in a "**Stop Work Order**" and **Citations.**

_____ _____ _____

**Electrical Contractor Signature** **State License #** **General Contractor Signature**

_____ _____

Print Name Print Name

****Electrical Contractor Email address:_____****

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Permit #_____ Address_____ **DATE: _____**

Permit Name _____

Residential _____ Commercial_____

**HEATING & AIR: HVAC Contractor Email Address: _____**

Company/Contractor Name:_____Phone _____

Type of System _____ Tonnage _____# of systems_____

Signature_____ State License #_____

Please print name_____

_____

**GAS: GAS Contractor Email Address: _____**

Company/Contractor Name_____Phone_____

Number of Items using Gas: Furnace____ Water Heater____ Stove____Dryer_____

Refrigerator____ Other_____
Signature_____ State License #_____

Please Print Name_____

_____

**PLUMBING**: **Plumbing Contractor Email Address:_____**

Company/Contractor Name_____Phone_____
Number of Fixtures:

Water Closets___ Lavatory____ Tub____ Shower____Kitchen Sink____Dishwasher___

Washing Machine____ Water Heater____ Laundry Sink____ Floor Drain____

Drinking Fountain____Service Sink____ Urinal____ Disposal____ Sewer/Septic____ Other_____

**By this signature, I also certify that any sprinkler systems installed for One and Two Family Dwellings are in compliance with the current enforced edition of NFPA 13D**

Signature_____ State License #_____

Please Print Name**:** _____