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

Power approval WILL NOT be released to your power company without this form on file with our office PRIOR to your electrical inspection.

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

Property Owner's Name: _____

Job Site Address: _____
City State Zip

Temporary Construction Power is hereby authorized on the electrical service conductors and service switch located at **above mentioned address** for a period of **ninety (90) days**. This request is made in order to complete construction of the final inspection at the above referenced location. An extension beyond the allotted time may be granted for good and sufficient reasons, provided the applicant gives notice before the expiration date, and subject to the Planning & Development's approval. By applying for this temporary construction power permit, the applicant hereby assumes all responsibility and liability for use of electricity within the building during this period.

NOTE: **AN APPROVED FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY IS NECESSARY BEFORE RESIDENCY IS ALLOWED. RESIDENTIAL OCCUPANCY IS NOT ALLOWED IN CONJUNCTION WITH TEMPORARY CONSTRUCTION POWER. FAILURE TO COMPLY WITH THE GUIDELINES SET WITHIN THIS PERMIT APPLICATION MAY RESULT IN IMMEDIATE DISCONNECTION OF ELECTRICAL SERVICE. VIOLATION OF COUNTY ORDINANCES MAY RESULT IN MAXIMUM FINE OF $1,000.00 AND SIXTY (60) DAYS IN JAIL, OR BOTH.**

Pickens County and its building inspectors are hereby relieved from any liability, damage, or loss associated with connection or disconnection of this temporary service.

_____
Print Name

_____ _____
Signature **(Required)** Date

_____
Mailing Address City State Zip

_____
Current Phone Number **(Required)**

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

☐ Electrical Contractor Class I (Restricted to single-phase, not to exceed 200 amps)

☐ Electrical Contractor Class II (Unrestricted)

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

Electrical 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 electrical 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: _____

Updated 2/15/2023