



Date _____

Notice: This form must be prepared and submitted to the Building Permit Department before a permit can be issued and MUST BE IN THE OFFICE AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION.

BUILDING PERMIT # _____ SUBDIVISION: _____ LOT#: _____

JOB SITE ADDRESS: _____

GENERAL CONTRACTOR: _____

This is to certify that I am responsible for the (PLEASE CIRCLE ONE) _____ Electrical _____ Plumbing _____ HVAC/Mech

**YOU WILL NEED TO ATTACH A COPY OF YOUR BUSINESS LICENSE AND STATE CARD.
SCHEDULING OF INSPECTION WILL NOT BE ACCEPTED UNTIL ALL COPIES OF LICENSE ARE RECEIVED.**

Please check below for the type of license you hold and are using for this job:

- Electrical Contractor Class I (Restricted to Single-Phase, not exceeding 200 AMPS)
- Electrical Contractor Class II (Unrestricted)
- Master Plumber Class I (Restricted to S/F, 1 Level Duplex and Commercial up to 10,000 sp. ft.)
- Master Plumber Class II (Unrestricted)
- Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling and 175,000 BTU Heating)
- Conditioned Air Contractor Class II (Unrestricted)

In the event of any change in my status on this installation, I understand that I will be held responsible for this job until The City of Flowerly Branch Building Department has been notified, in writing of any change.

SIGNATURE: _____

PRINT NAME: _____

BUSINESS LICENSE NUMBER: _____ COUNTY: _____ EXPIRES ____/____/____

STATE LICENSE NUMBER: _____ EXPIRES ____/____/____

COMPANY NAME: _____

COMPANY PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE NUMBER: _____

SUB-CONTRACTOR AFFIDAVIT