



RESIDENTIAL SUBCONTRACTOR AFFIDAVIT

NOTICE: This form must be completed, signed and submitted to the Community Development Department before a Certificate of Occupancy will be issued. **A Copy of your current Business License and State Trade License must accompany all affidavits.** All information requested on this form is mandatory.

Building Permit #: _____

Job Site Address: _____

Subdivision: _____ Lot/Bldg/Ste: _____

General Contractor: _____

This is to certify that I am responsible for the:

_____ Electrical

_____ Plumbing

_____ Mechanical/HVAC

_____ Low Voltage

_____ Other

_____ Gas

I certify that I have and will comply with all codes and ordinances adopted by the City of Milton that pertain to the construction of this structure. In the event of any change in my status on this installation, I understand that I will be held responsible for all indicated work at this job until Building Inspections has been notified, in writing of any change. I further agree to indemnify the City of Milton and its operator from any liability for damages and loss of property if the work performed by our firm has not been installed in accordance with these codes and ordinances.

Signature: _____ Date: _____

State License: _____ Expiration: _____

Business License & Jurisdiction: _____ Expiration: _____

Sub-Contractor Name: _____

Address: _____

Telephone Number: _____

Fax Affidavit to 678-242-2499 or e-mail to permits@cityofmiltonga.us.

FOR BUILDING INSPECTIONS CALL 678-242-2566

