

C I T Y O F  
**JOHNSCREEK**

[www.JohnsCreekGA.gov](http://www.JohnsCreekGA.gov)

678-512-3200 ~ (fax) 678-512-3303

12000 Findley Road, Suite 400, Johns Creek, GA 30097

**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.

**Residential Building Permit #:** \_\_\_\_\_

**Job Site Address:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

**State License:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Business License & Jurisdiction:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Sub-Contractor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Ph #:** \_\_\_\_\_

This is to certify that I am responsible for the:

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing    |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Low Voltage |
| <input type="checkbox"/> Gas        | <input type="checkbox"/> Other       |

I certify that I have and will comply with all codes and ordinances adopted by the City 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 the Building Official has been notified, in writing of any change. I further agree to indemnify the City 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:** \_\_\_\_\_

Sworn to and subscribed before me,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public – Please notarize with official seal)