

1764 Broad St., Lumpkin, GA 31815

Fax: 229-838-9856 /

Email: info@stewartcountyga.gov

CONTRACTOR

Office: 229.838.6769

Contractor Affidavit

NOTICE: Contractor affidavits must be an original, notarized document signed by the licensed contractor. This affidavit is to be submitted to the building inspections department when applying for building permit. A permit is required for any plumbing work other than an ordinary repair. In the case of an emergency situation that affects the health, safety, and welfare of the occupant, a permit for replacement unit may be obtained within 72 hours of installation.

JOB SITE ADDRESS:	PROPERTY OWNER:
	Name:
	Phone:
DATE OF WORK (DD/MM/YEAR):	Email:
	GENERAL CONTRACTOR (if applicable):
	Name:
	Phone:
	Email:
PROJECT WILL MEET THE REQUIREMENTS OF THE 20	CONSTRUCTION MANAGEMENT, AND SUPERVISION OF THIS 006 EDITION OF THE INTERNATIONAL RESIDENTIAL/BUILDING CENSING REQUIREMENTS FOR RESIDENTIAL AND GENERAL
Please indicate applicable state GA license:	
RESIDENTIAL BASIC COMPANY	GENERAL CONTRACTOR COMPANY
RESIDENTIAL BASIC INDIVIDUAL	GENERAL CONTRACTOR INDIVIDUAL
RESIDENTIAL BASIC QUALIFYING AGENT	GENERAL CONTRACTOR QUALIFYING AGENT
RESIDENTIAL LIGHT COMPANY	GENERAL CONTRACTOR LIMITED TIER COMPANY
RESIDENTIAL LIGHT COMPANY INDIVIDUAL	GENERAL CONTRACTOR LIMITED TIER
RESIDENTIAL LIGHT QUALIFYING AGENT	INDIVIDUAL GENERAL CONTRACTOR LIMITED TIER QUALIFYING AGENT



PERMIT NO	
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THE SUBMITTAL OF THIS AFFIDAVIT IS VERIFICATION THAT THE UNDERSIGNED CONTRACTOR HAS OR OPERATES UNDER A CURRENT CONTRACTOR'S LICENSE ISSUED BY THE STATE OF GEORGIA. IN THE EVENT OF ANY CHANGE IN THE STATUS OR INVOLVEMENT WITH THIS PERMIT, THE UNDERSIGNED IS CONSIDERED RESPONSIBLE UNTIL THE OFFICE OF THE STEWART COUNTY BUILDING INSPECTOR HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE IN JOB RESPONSIBILITIES.

THE UNDERSIGNED SUB-CONTRACTOR IS ALSO RESPONSIBLE FOR NOTIFYING THE OFFICE OF THE STEWART COUNTY BUILDING INSPECTOR IF AND WHEN ANY SANCTIONS ARE IMPOSED BY THE STATE CONSTRUCTION INDUSTRY LICENSING BOARD AFFECTING THE CONTRACTOR'S LICENSE.

COMPANY NAME:	COUNTY WHERE LICENSE ISSUED:
COMPANY ADDRESS:	STATE LICENSE NUMBER:
	EXPIRATION DATE:
	NAIVIE OF CARD HOLDER:
BUSINESS PHONE:	Please print
	SIGNATURE OF CARD HOLDER:
BUSINESS LICENSE NUMBER:	
	NOTARY:
	Sworn to and subscribed before me
	this day of, 20
	Notary Public
	My commission expires:

PLEASE ATTACH COPY OF DRIVER'S LICENSE OR OTHER PICTURE IDENTIFICATION