



1764 Broad St., Lumpkin, GA 31815

Office: 229.838.6769

Fax: 229-838-9856 /

Email: info@stewartcountyga.gov

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**PLUMBING**  
Sub-Contractor Affidavit

**NOTICE:** Sub-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: \_\_\_\_\_

**THIS AFFIDAVIT CERTIFIES THAT THE HVAC INSTALLATION WILL BE INSTALLED TO THE REQUIREMENTS OF THE 2006 INTERNATIONAL PLUMBING CODE AS AMENDED AND INCLUDING REQUIREMENTS FOR TESTING AND REQUIREMENTS FOR PURGING/DISINFECTING AS REQUIRED IN SECTIONS 312 AND 602 OF THE CODE.**

Please indicate applicable State of Georgia license:

\_\_\_\_\_ MASTER PLUMBER, CLASS I (Restricted to Single Family, 1 Level Duplex and Commercial Structures Not to Exceed 10,000 Sq. Ft.)

\_\_\_\_\_ MASTER PLUMBER, CLASS II (Unrestricted)

**THE SUBMITTAL OF THIS AFFIDAVIT IS VERIFICATION THAT THE UNDERSIGNED SUB-CONTRACTOR HAS OR OPERATES UNDER A CURRENT AIR CONDITIONED 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.**



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**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 SUB-CONTRACTOR'S LICENSE.**

**COMPANY NAME:**

**COUNTY WHERE LICENSE ISSUED:**

\_\_\_\_\_

\_\_\_\_\_

**COMPANY ADDRESS:**

**STATE LICENSE NUMBER:** \_\_\_\_\_

\_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

\_\_\_\_\_

**NAME OF CARD HOLDER:**

\_\_\_\_\_

\_\_\_\_\_

Please print

**BUSINESS PHONE:**

**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