



1764 Broad St., Lumpkin, GA 31815

Office: 229.838.6769

Fax: 229-838-9856 /

Email: info@stewartcountyga.gov

MECHANICAL
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 HVAC installation 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 IRC FOR RESIDENTIAL APPLICATION AND 2006 IMC & IFGC FOR COMMERCIAL PROJECTS, AS ADOPTED AND AMENDED BY THE STATE OF GEORGIA.

Please indicate applicable state GA license:

_____ CONDITIONED AIR CONTRACTOR, CLASS I (Restricted to 60,000 BTU cooling and 175,000 BTU heating)

_____ CONDITIONED AIR CONTRACTOR, 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.

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.



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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