



SUBCONTRACTOR AFFIDAVIT

997 Newnan Rd.
P.O. Box 338

Carrollton, GA 30116
770-830-5861

Date Received: _____

Received By: _____

PLEASE COMPLETE THE FOLLOWING AND RETURN IT WITH A COPY OF THE STATE LICENSE, DRIVER'S LICENSE AND BUSINESS LICENSE.

QUESTIONS? PLEASE CALL 770-830-5861

Description of work to be completed: _____

II..PROJECT LOCATION:

Address: _____

III. PROPERTY OWNER:

Name: _____

Address: _____

Phone: _____ Email Address: _____ Power Company: _____

IV. TRADE:

☐ **ELECTRICAL** _____ **AMPS** ☐ **HVAC** _____ **TONS** ☐ **PLUMBING**

V. SUBCONTRACTOR INFORMATION:

Business Name: _____ Phone: _____

License Holder: _____ Email: _____

Business License Number: _____ Expiration Date: _____

State License Number: _____ Expiration Date: _____

Business Address: _____ City: _____ State: _____ Zip: _____

VI. SIGNATURE:

By signing below, I agree that I am the licensed contractor listed on this affidavit and responsible for my trade at this project location.

Signature: _____ Date: _____

Print: _____



Carroll County Department of Community Development

997 Newnan Rd
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

COUNTY OF CARROLL

AFFIDAVIT FOR A TRADE PERMIT

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a **TRADE PERMIT** under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Address: _____

Sworn to and subscribed
before me this ____ day
of _____, _____.

Entity:

Address: _____

My Commission Expires:



Carroll County Department of Community Development

**997 Newnan Rd
P.O. Box 338**

**Carrollton, GA 30117
(770) 830-5861**

**NOTE: A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGES IN SUBCONTRACTORS ARE
MADE DURING CONSTRUCTION.**

**SAID BUILDING WILL BE CONSTRUCTED TO MEET THE REQUIREMENTS OF THE MOST RECENT
EDITION OF THE CONSTRUCTION CODES, AS ADOPTED AND AMENDED.**