



1130 Bluffs Parkway  
Canton, GA 30114  
P 770-721-7810

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| <b>Sewer Affidavit</b>   |   |      |            |                 |
|--|---|------|------------|-----------------|
| <b>PROJECT</b>   | <b>Sewer installation must be performed by a GA State Licensed Master Plumber or Utility Contractor</b>   |      |            |                 |
|  | <b>location sewer tap</b>   |      |            | <b>Permit #</b> |
|  | Subdivision   | Lot# | City       | Zip Code        |
|  | <i>The sewer tap installed at the above property/address has been installed and/or inspected</i>  |      |            |                 |
|  | <i>by _____<br/>Name of plumbing contractor</i>   |      |            |                 |
| <i>on _____ and was found to be in compliance with the current adopted</i>                                       |   |      |            |                 |
| <i>Date</i>  |   |      |            |                 |
| <i>Plumbing code requirements. The sewer tap is located _____ feet from the residence and is</i>                 |   |      |            |                 |
| <i>_____ deep and has the appropriate number of clean-outs as required by the current adopted Plumbing Code.</i> |   |      |            |                 |
| <b>CONTACT INFORMATION</b>   | <b>Company Name</b>   |      |            | <b>Phone#</b>   |
|  | Company address   |      |            |                 |
|  | Company Email   |      |            |                 |
|  | Authorized applicant name   |      |            |                 |
|  | <i>I assume all responsibility and liability for the installation of the building sewer and water lines. I also understand that Cherokee County requires a cleanout sewer tap. I relieve Cherokee County and its inspectors from any liability for damages loss of property or improper installation.</i> |      |            |                 |
| <b>AUTHORIZED SIGNATURES</b>   | NAME OF CONTRACTOR OR APPLICANT   |      |            |                 |
|  | SIGNATURE _____   |      | DATE _____ |                 |
|  | This _____ day of _____, 20 ____.   |      |            |                 |
|  | SEAL  |      |            |                 |
|  | (Notary Public – Please notarize with official seal)  |      |            |                 |