



1130 Bluffs Parkway

Canton, GA 30114

P 770-721-7810

www.cherokeecountyga.gov

dsc@cherokeecountyga.gov

PROJECT	SUB-CONTRACTOR AFFIDAVIT				
	This form must be completed, notarized and submitted to the Development Service Center prior to obtaining a Rough Inspection. A copy of your current State Trade License must accompany all affidavits. Affidavits must be uploaded to our CityView Portal , on our website. NO FAXES				
	Job Site Address			Permit #	
	Subdivision	Lot#	Suite #	City	Zip Code
	Description of work				
	This affidavit certifies that I am responsible for the: ☐ Electrical Class I ☐ Electrical Class II (Unrestricted) ☐ Low Voltage ☐ Mechanical / HVAC Class I ☐ Mechanical / HVAC Class II (Unrestricted) ☐ Plumbing Class I ☐ Plumbing Class II ☐ Gas (to include pools, heated spas and special equipment)				
The submittal of this affidavit is verification that the undersigned is licensed in the State of Georgia for the trade specified above. In the event of any changes in the status or involvement with this permit, the undersigned is responsible for the work until Cherokee County's Building Official has been notified in writing.					
CONTACT INFORMATION	General Contractor			Phone #	
	Sub-Contractor Name (please print)				
	Email				
	State License Number			Expiration Date	
	Company Name			Business Phone #	
	Company Address				
	Company Email				
AUTHORIZED SIGNATURES	I certify that I have and will comply with all codes and ordinances adopted by Cherokee County that pertain to the work specified above. The undersigned, upon oath, states that the above information is true and correct, understands that the permit issued is only for construction as stated and that the occupancy of the structure is not permissible until all requirements are met and a Certificate of Occupancy has been issued by Cherokee County.				
	APPLICANT'S NAME _____				
	APPLICANT'S SIGNATURE _____ DATE _____				
	Sworn to and subscribed before me,				
	This ____ day of ____, 20__.				
SEAL					
_____ (Notary Public – Please notarize with official seal)					



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PROJECT		Temporary Construction Power				
		This electrical permit is issued to provide temporary electrical service to the construction site of the building or work authorized by an active building permit. Use of the temporary electrical service is limited to: - Residential building permit - 90 Days (following approved rough inspection) - Commercial building permit – completion of construction An extension may be granted, provided the applicant submits request before expiration date to the Building Official.				
		Job Site Address				Permit #
		Subdivision	Lot#	Suite #	City	Zip Code
		Description of work				
		NOTE: Owner/Tenant is not allowed to occupy the residence, building or suite on temporary construction power. Final inspection and a certificate of occupancy are required before occupancy.				
CONTACT INFORMATION	Applicant Name (please print)				Phone #	
	Electrical Contractor Name (please print)					
	Email					
	State License Number				Expiration Date	
	Company Name				Business Phone #	
	Company Address					
	Company Email					
AUTHORIZED SIGNATURES	The service equipment for the above referenced job location has been installed in accordance with all applicable codes. Cherokee County Inspections Department will be contacted when the service conductor and service switch are ready for inspection. Cherokee County and its building inspectors are hereby relieved from any liability, damage, or loss associated with connection or disconnection of this temporary service.					
	NAME OF LICENSED ELECTRICIAN _____					
	SIGNATURE _____ DATE _____					
	This ____ day of _____, 20__					
	_____ (Notary Public – Please notarize with official seal)					

SEAL