



**MACON-BIBB COUNTY
BUILDING AND FIRE SAFETY**

200 Cherry Street, Suite 202
Macon, GA 31201
(478) 803-0466

**SUBCONTRACTOR
AFFIDAVIT
APPLICATION**

NOTICE

This form must be completed and signed by the licensed contractor and submitted to Building and Fire Safety BEFORE commencing work. The licensed contractor must be registered with Building and Fire Safety prior to submitting any permit application or affidavit.

*****Information Is Required For Affidavit To Be Processed*****

General Contractor's Name (GC): _____ GC's Permit #: _____

Project Address: _____

Subcontractor's Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Description of Work: _____

Electrical

New Service Change Service Rewire Sign Pool Alteration Addition

Other: _____ Estimated Cost Valuation: \$ _____

Low Voltage

Telecommunications Alarm

Other: _____ Estimated Cost Valuation: \$ _____

Mechanical

Electrical Gas Combo Ductwork

Other: _____ Estimated Cost Valuation: \$ _____

Plumbing

Sewer Lateral Water Heater Water Service Fixtures: Total # of Fixtures: _____

Other: _____ Estimated Cost Valuation: \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I AM RESPONSIBLE FOR AND AUTHORIZED BY THE GENERAL CONTRACTOR TO PERFORM THE ABOVE STATED WORK.

Contractor's Printed Name: _____

Contractor's Signature: _____ Date: _____