

SUB-CONTRACTOR FORM

For Projects with an Existing Permit Number



21 North Avondale Plaza
Avondale Estates, Georgia 30002
Ph: (404) 294-5400
Fx: (404) 299-8137
www.avondaleestates.org

Existing Permit #: _____ Project Name: _____

Job Site Address: _____

Licensure Type: (Check all that apply)

<input type="checkbox"/> Conditioned Air – Restricted	<input type="checkbox"/> Electrical Contractor – Restricted
<input type="checkbox"/> Conditioned Air – Non-Restricted	<input type="checkbox"/> Electrical Contractor – Non-Restricted
<input type="checkbox"/> Master Plumber – Restricted	<input type="checkbox"/> Low Voltage – General
<input type="checkbox"/> Master Plumber – Non-Restricted	<input type="checkbox"/> Low Voltage – Telecommunications
<input type="checkbox"/> Journeyman Plumber	<input type="checkbox"/> Low Voltage – Alarm
<input type="checkbox"/> Sprinkler Contractor	<input type="checkbox"/> Low Voltage – Unrestricted
<input type="checkbox"/> Other:	

EXEMPTED from licensure requirements per O.C.G.A. § 43-41-17

(For a list of exempted trades, visit: http://sos.ga.gov/index.php/licensing/plb/46/exempt_specialty_contractors)

Company Name: _____

Contact Person: _____

Company Address: _____

Telephone: _____

State License(s) #: _____ State: _____ Expiration: _____

Business License #: _____ County/City: _____ Expiration: _____

By signing below, I am certifying that I am responsible for the work being done at the address above. I understand that I will be held responsible until the Community Development Department is notified of any change.

Applicant's Signature: _____ Date: _____

Print Name: _____ Email: _____

For Building Inspection Requests, please call **(404) 294-5400** before 4PM for next-business-day service.