



PICKENS COUNTY PLANNING & DEVELOPMENT

1266 East Church Street, Suite 136 Jasper, GA 30143

Phone 706-253-8850

Email: plandev@pickenscountyga.gov

Fax 706-253-8854

SUBCONTRACTOR AFFIDAVIT

Building Permit # _____ Subdivision/Lot # _____

Property Owner's Name: _____

Job Site Address: _____

City State Zip

Print Name _____

Signature (Required) _____ Date _____

Mailing Address _____ City State Zip

Current Phone Number (Required) _____

Builder/Contractor's Name (Please print) _____

Signature (Required) _____ Date _____

Table with 7 columns: Type, Batts, Foil, Loose, Foam, R-Value, Thick. Rows: Ceiling, Wall, Floor.

A COPY OF YOUR BUSINESS LICENSE IS REQUIRED WITH THIS FORM AFFIDAVITS MUST BE SUBMITTED PRIOR TO INSULATION INSPECTION REQUESTS

Insulation Contractor's Statement:

The service equipment for the above referenced job location has been installed in accordance with all applicable state codes and county ordinances. In the event of any change in my status on this installation, I understand that I will be held responsible for this job until Planning and Development has been notified in writing of any changes.

This is to certify that I am responsible for the insulation service on the above permit.

Signature: _____ Date: _____

Please Print Name: _____

County Business License Registered With: _____

Business License Number: _____ Expiration Date: _____

Company Name: _____

Company Street Address: _____

City, State, Zip Code: _____ Phone: _____