

TOWN OF BRASELTON
PLANNING AND DEVELOPMENT DEPARTMENT
4982 Highway 53, Braselton, Georgia. 30517 (706) 654-3915

SUB-CONTRACTOR CERTIFICATION

Date: _____

Notice: This form must be completed, signed, and submitted to the Department of Building Inspections prior to commencement of work and at least 24 hours prior to requesting an inspection. Faxed copies are acceptable

PERMIT NUMBER: _____

SUBDIVISION: _____ LOT: _____

JOB SITE ADDRESS: _____

GENERAL CONTRACTOR: _____

This is to certify that I am responsible for the: Electrical Plumbing HVAC

Please check below the type of license you hold and are using for this job:

- Electrical Contractor Class I (Restricted to Single Phase, not exceeding 200 Amps)
- Electrical Contractor Class II (Unrestricted)
- Master Plumber Class I (Restricted to S/F, Single level duplex & Commercial up to 10k sq.ft.)
- Master Plumber Class II (Unrestricted)
- Conditioned Air Contractor Class I (Restricted to 60k BTU Cooling & 175k BTU Heating)
- Conditioned Air Contractor Class II (Unrestricted)

In the event of any change in my status on this installation, I understand that I will be held responsible for the job until the Planning and Development Department has been notified, in writing, of any change.

SIGNATURE (ORIGINAL): _____

PRINTED NAME: _____

BUSINESS LICENSE # (Provide Name of Issuing Jurisdiction): _____

STATE LICENSE # (Provide Name of Issuing State): _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____