



**City of Dawsonville**

415 Highway 53 East Suite 100  
Dawsonville, Georgia 30534  
Phone: 706.203.4924  
[permit.tech@dawsonville-ga.gov](mailto:permit.tech@dawsonville-ga.gov)

**Contractor  
Subcontractor  
Affidavit**

**NOTICE: This form must be completed for the Contractor and each Subcontractor before a permit can be issued.  
AFFIDAVIT MUST BE IN THE OFFICE AT LEAST 24 HOURS PRIOR TO REQUESTING AN INSPECTION.**

General Contractor: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Commercial Site Name: \_\_\_\_\_ Tmp #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Tmp #: \_\_\_\_\_  
Job Site Address: \_\_\_\_\_

This is to certify that I am responsible for the (PLEASE CHECK)

- |  |                                |
|--|--------------------------------|
| _____ Electrical                           | _____ Low Voltage Construction |
| _____ Residential and General Construction | _____ Utility Construction     |
| _____ Conditioned Air/ HVAC                | _____ Other: _____             |
| _____ Plumbing                             |                                |

**ATTACH A COPY OF YOUR BUSINESS LICENSE, STATE CARD AND E&S STATE (BLUE) CARD**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Electrical Contractor – Restricted     | <input type="checkbox"/> Conditioned Air Restricted     |
| <input type="checkbox"/> Electrical Contractor – Non-Restricted | <input type="checkbox"/> Conditioned Air Non-Restricted |
| <input type="checkbox"/> Master Plumber – Restricted            | <input type="checkbox"/> Residential/General Contractor |
| <input type="checkbox"/> Master Plumber – Non-Restricted        | <input type="checkbox"/> Low Voltage - _____            |
| <input type="checkbox"/> Utility Contractor                     | <input type="checkbox"/> Other: _____                   |

In the event of any changes in my status on this affidavit, I understand that I will be held responsible for the above job site until City of Dawsonville Planning and Zoning Department has been notified in writing.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The above information is true and correct, and I so depose and state before an officer authorized to administer oaths by the State of Georgia.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Subscribed and sworn to me before me this \_\_\_\_\_ day \_\_\_\_\_ of 20 \_\_\_\_\_  
Notary Public Signature \_\_\_\_\_ (seal)

§ 16-10-20. False statements and writings, concealment of facts and fraudulent documents in matters within jurisdiction of state or political subdivisions A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious or fraudulent statement or representation; or makes or uses any false writing or document. knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction or any department or agency of state government or of the government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by a fine or not more than \$1,000.00 or by imprisonment for not less than one nor more than five (5) years or both.