LICENSING & PERMITTING DIVISION
1117 WEST AVENUE, CONYERS, GA 30012
(770) 278-7100

SUB-CONTRACTOR AFFIDAVIT

Copies of State cards and business licenses are required *before* the final inspection is performed.

Master Permit Number: _____	Date Issued: _____
Address of Project:	
Contractor or Owner:	

ELECTRICAL CONTRACTOR: ☐ Restricted ☐ Non-Restricted

Company or Contractor:	
Address:	
Phone:	
State Card No.: _____	County Business License No.: _____
Card Holder Signature:	

MASTER PLUMBER: ☐ Restricted ☐ Non-Restricted

Company or Contractor:	
Address:	
Phone:	
State Card No.: _____	County Business License No.: _____
Card Holder Signature:	

CONDITIONED AIR: ☐ Restricted ☐ Non-Restricted

Company or Contractor:	
Address:	
Phone:	
State Card No.: _____	County Business License No.: _____
Card Holder Signature:	

LOW-VOLTAGE: ☐ Restricted ☐ Non-Restricted

Company or Contractor:	
Address:	
Phone:	
State Card No.: _____	County Business License No.: _____
Card Holder Signature:	

I do understand that I am responsible for each required licensed contractor to obtain a business license in Rockdale County. Any false information or representation will be prosecuted under all applicable laws and ordinances.

Master Permit Holder Signature: _____ Date: _____

Updated 04/2025