



# RESIDENTIAL SUB-CONTRACTOR AFFIDAVIT

**Building Department**  
25 Lagrange Street  
Newnan, GA 30263  
Ph. 678-673-5413  
Email: [permits@newnanga.gov](mailto:permits@newnanga.gov)



Address \_\_\_\_\_

Description of work: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that:

- [ ] I am the Owner/Occupant
- [ ] I am the State Card Holder for:

- ELECTRICAL     HVAC     PLUMBING    (check all that apply)

And that the System(s) being installed are in accordance with the applicable rules and regulations of the State of Georgia and the City of Newnan, and I am aware the City of Newnan has amendments to the Construction Codes.

Company Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
State Card Number(s) (Provide all that apply)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The above affidavit was acknowledged before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public