



Greene County Building Inspection Division
**SINGLE FAMILY HOUSE
 BUILDING PERMIT APPLICATION**
 (New House, Addition, Repair/Remodeling)

Chuck Wooley
 Building Official
 1034 Silver Dr., Ste 103, Greensboro, GA 30642 Telephone (706) 453-3333 www.greencountyga.gov

SUBCONTRACTOR AFFIDAVIT
Page 1 of 3

Copies of *ALL Subcontractor's* State Cards and Business License (or Occupational Tax Certificates) are required before permit is issued.

MASTER PERMIT #: _____ DATE ISSUED: _____

ADDRESS OF PROJECT: _____

SUBDIVISION: _____ PARCEL: _____

CONTRACTOR OR OWNER: _____

ELECTRICAL CONTRACTOR

COMPANY OR CONTRACTOR: _____

ADDRESS: _____ CITY, STATE: _____ ZIP: _____

GA STATE CERTIFICATION # (*hard copy required*): _____

RESTRICTED: _____ NON-RESTRICTED: _____

LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE #: _____

PHONE: _____ EMAIL: _____

ADDRESS OF PROJECT: _____

I acknowledge that I am the contractor for the above referenced project. I understand that any false information or representation will be prosecuted under all applicable laws and ordinances.

Cardholder Signature: _____ Date: _____

LOW VOLTAGE CONTRACTOR

COMPANY OR CONTRACTOR: _____

ADDRESS: _____ CITY, STATE: _____ ZIP: _____

GA STATE CERTIFICATION # (*hard copy required*): _____

RESTRICTED: _____ NON-RESTRICTED: _____

LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE #: _____

PHONE: _____ EMAIL: _____

ADDRESS OF PROJECT: _____

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Cardholder Signature: _____ Date: _____



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MASTER PERMIT #: _____ ADDRESS OF PROJECT: _____

PLUMBING CONTRACTOR

COMPANY OR CONTRACTOR: _____

ADDRESS: _____ CITY, STATE: _____ ZIP: _____

GA STATE CERTIFICATION # (*hard copy required*): _____

RESTRICTED: _____ NON-RESTRICTED: _____

LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE #: _____

PHONE: _____ EMAIL: _____

ADDRESS OF PROJECT: _____

*I acknowledge that **I am the contractor for the above referenced project.** I understand that any false information or representation will be prosecuted under all applicable laws and ordinances.*

Cardholder Signature: _____ Date: _____

MECHANICAL CONTRACTOR

COMPANY OR CONTRACTOR: _____

ADDRESS: _____ CITY, STATE: _____ ZIP: _____

GA STATE CERTIFICATION # (*hard copy required*): _____

RESTRICTED: _____ NON-RESTRICTED: _____

LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE #: _____

PHONE: _____ EMAIL: _____

ADDRESS OF PROJECT: _____

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MASTER PERMIT #: _____ ADDRESS OF PROJECT: _____

GAS CONTRACTOR

COMPANY OR CONTRACTOR: _____

ADDRESS: _____ CITY, STATE: _____ ZIP: _____

LOCAL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE #: _____

PHONE: _____ EMAIL: _____

ADDRESS OF PROJECT: _____

*I acknowledge that **I am the contractor for the above referenced project.** I understand that any false information or representation will be prosecuted under all applicable laws and ordinances.*

Cardholder Signature: _____ Date: _____

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

Master Permit Holder Signature: _____ Date: _____