



TRADE AFFIDAVIT

153 Willowbend Rd, Peachtree City, GA 30269
P: 770-487-8901 F: 770-631-2552

| | |
|------------------------|---------------------------|
| OFFICE USE ONLY | |
| Date Rec'd | ___ / ___ / ___ |
| License # verified: | <input type="radio"/> Yes |
| Issued by | _____ |

Inspection Request Line: 770-631-2588 ext 1222

The applicant hereby applies for the following trade permit associated with:

| TRADE | JOB SITE ADDRESS | MASTER PERMIT # |
|--|---|---|
| <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential | Address: _____ | Stormwater Utility Bill up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Subdivision _____ Block _____ Lot _____ | |

| | | |
|-----------|------------------------|---|
| TRADESMAN | Name _____ | Describe work: _____ _____ _____ _____ |
| | Bus. Name _____ | |
| | Address _____ | |
| | City, State, Zip _____ | |
| | Phone _____ Fax _____ | |
| | Email _____ | |

| | |
|---|---------------------------|
| GA LICENSE # _____ | EXP DATE: ___ / ___ / ___ |
| Signature verifies that applicant is the owner/agent of registered business and is the license holder listed above. Applicant verifies that information is correct and accepts responsibility for compliance with Georgia Code 43-41 , under penalty of making a false statement. | |
| Signature of tradesmen: _____ | Date: _____ |

GENERAL CONTRACTOR / OWNER

| |
|------------------------|
| Name _____ |
| Bus. Name _____ |
| Address _____ |
| City, State, Zip _____ |
| Phone _____ Fax _____ |
| Email _____ |

| <input type="checkbox"/> ELECTRICAL | Qty | <input type="checkbox"/> PLUMBING | Qty | <input type="checkbox"/> MECHANICAL | Qty |
|-------------------------------------|-------|-----------------------------------|-------|--|-------|
| Temp. Service Pole | _____ | Toilets/Water Closet | _____ | Furnace | _____ |
| 30 - 200 Amp | _____ | Sinks/Lavatories | _____ | Heat Pump | _____ |
| 201 - 400 Amps | _____ | Bath Tubs/Showers | _____ | Air Conditioning/Handler (Residential) | _____ |
| 401 Amps & Over, .05/amp | _____ | Water Heater GAS or ELECTRIC | _____ | Ventilation (Bath, Hood, Exhaust) | _____ |
| Area Lighting - watts | _____ | Gas Lines | _____ | Incinerator | _____ |
| Appliances | _____ | Appliances | _____ | Boiler | _____ |
| Signs | _____ | Sewer | _____ | Replacement | _____ |
| Swimming Pool/Spas/Hot tub | _____ | Grease Trap | _____ | Air Conditioning (< 20 tons) | _____ |
| Ventilation | _____ | Water Service | _____ | Air Conditioning (> 20 tons) | _____ |
| Low Voltage System | _____ | Irrigation | _____ | Number of supply and return ducts | _____ |

OTHER

| | |
|--|--------|
| Sworn to and subscribed before me this _____ day of _____, 20____. | (SEAL) |
| Notary Public _____ | |