



TRADE AFFIDAVIT

18 N. Church Street
Jeffersonville, GA 30144
Tel: 478-945-3191

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

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 _____	