



BUILDING PERMIT SUBCONTRACTOR AFFIDAVIT

BUTTS COUNTY PLANNING & DEVELOPMENT DEPARTMENT
625 West Third Street, Suite 3 ~ Jackson, Georgia 30233 Office
770-775-8210 ~ Fax 770-775-8225
www.buttscountyga.com

Office Use Only:

Building Permit Number _____

Date _____

Received By _____

REQUIREMENTS

This form must be completed, signed, and submitted to the Department of Planning and Development prior to construction.

No inspections will be made until the Subcontractor Affidavit form has been submitted.

Jobsite Address

General Contractor

Name of License Holder

Phone

Email

Company Name

State License Number

Expiration Date

Select scope of work license holder is responsible for:

___ Electrical ___ Plumbing ___ Mechanical ___ Low Voltage

___ Other _____