

Jones County Planning & Zoning  
PO Box 1359  
Gray GA 31032  
Office 478-986-5117 Fax 478- 986-4550

## Subcontractor Affidavit

**Notice: this form shall be completed, signed and submitted to the above department prior to commencing work. Contractors and subcontractors shall be registered with the department prior to submitting permit applications or affidavits.**

**PERMIT #:** \_\_\_\_\_  
Name of General Contractor or Homeowner: \_\_\_\_\_  
Name of Subcontractor: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address of construction site: \_\_\_\_\_

**ELECTRICAL:** Please check one.

New Service \_\_\_ Change Service \_\_\_ Rewire \_\_\_ ALT \_\_\_ Sign \_\_\_ Pool \_\_\_  
Other \_\_\_ (Specify: \_\_\_\_\_) Cost estimate \_\_\_\_\_

**LOW VOLTAGE:** Please check one.

Alarm \_\_\_ Telecomm. \_\_\_ General \_\_\_ Unrestricted \_\_\_  
Other \_\_\_ (Specify: \_\_\_\_\_) Cost estimate \_\_\_\_\_

**PLUMBING:** Please check one.

Sewer Lateral \_\_\_ Septic Tank \_\_\_ Renewals \_\_\_ Grease Trap \_\_\_ Wt. Ht. \_\_\_ Backflow \_\_\_  
Other \_\_\_ (Specify: \_\_\_\_\_) Cost estimate \_\_\_\_\_

**MECHANICAL:** Please check one.

Electrical \_\_\_ Gas \_\_\_ Combo \_\_\_ Refrig \_\_\_ Comm. Hood \_\_\_ Duct Work \_\_\_  
Other \_\_\_ (Specify: \_\_\_\_\_) Cost estimate \_\_\_\_\_

**GAS:** Please check one.

Natural \_\_\_ Liquefied Petroleum \_\_\_ Gas Piping \_\_\_  
Other \_\_\_ (Specify: \_\_\_\_\_) Cost estimate \_\_\_\_\_

**FIRE PROTECTION:** Please check one.

Sprinkler above Grnd. \_\_\_ Sprinkler Below Grnd. \_\_\_ Alt. System \_\_\_ Standpipe \_\_\_  
Fire Pump \_\_\_ Other \_\_\_ (Specify: \_\_\_\_\_) Cost estimate \_\_\_\_\_

**MOBILE HOME INSTALLER:** Please check \_\_\_\_\_

**I hereby certify that I am responsible for and authorized by the general contractor to perform the above stated work.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please notify Planning & Zoning in the event your company will no longer be performing the work at this address.**