

Subcontractor Affidavit

This form must be completed, signed, notarized, and submitted to the Building Department prior to any inspections associated with electrical, plumbing, and/or mechanical work.

Upload your completed form to:

https://unioncityga.portal.iworq.net/portalhome/unioncityga

Please make your payment online when submitting your application
https://unioncityga.governmentwindow.com/payer_login.html

Project (an original form is required for each project):

Subdivision:		Lot:	_Address:		
Builder:			_		
THIS IS TO CERTIFY TH	IAT I HOLD THE STAT	E LICENSE CHI	ECKED BELOW	AND AM USING FOR	THIS JOB:
	Plumbing:	_ Electrical:_	Med	chanical:	
Company Name:			Ph	one #	
Company Address:					
State License #	[Bus.Tax/Occup	oation Ctf. #		
Company Email addre	ess _				
IN THE EVENT OF ANY RESPONSIBLE FOR THE CHANGES.			•		
Print Name:					
State Cardholder's Or	iginal Signature:				
Sworn to and subscrib	oed before me this_	day c	of	, 20	
(Notary Seal)					
				Notary Public, State Of G	eorgia
				My Commission Expires:	