



Greene County Building Inspection Division
SINGLE FAMILY HOUSE
BUILDING PERMIT APPLICATION
 (New House, Addition, Repair/Remodeling)

BUILDING, PLANNING & ZONING
 706-453-3333
 fax 706-453-2579
 1034 Silver Dr
 Suite 103
 M-F 8am-5pm

Chuck Wooley
 Building Official

1034 Silver Dr., Ste 103, Greensboro, GA 30642 Telephone 706-453-3333 www.greenecountyga.gov

SUBCONTRACTOR AFFIDAVIT

Copies of ALL Subcontractor's State Cards and business license (or Occupational Tax Certificates) are required before permit is issued.

MASTER PERMIT # _____ DATE ISSUED: _____

ADDRESS OF PROJECT _____

SUBDIVISION _____ PARCEL _____

CONTRACTOR OR OWNER _____

ELECTRICAL CONTRACTOR	COMPANY OR CONTRACTOR _____
	ADDRESS _____ CITY/STATE _____ ZIP _____
	GA STATE CERTIFICATION # <i>(hard copy required)</i> _____ EMAIL _____
	LOCL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE # _____
	___ RESTRICTED ___ NON-RESTRICTED Cardholder Signature _____ Date _____

MASTER PLUMBER	COMPANY OR CONTRACTOR _____
	ADDRESS _____ CITY/STATE _____ ZIP _____
	GA STATE CERTIFICATION # <i>(hard copy required)</i> _____ EMAIL _____
	LOCL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE # _____
	___ RESTRICTED ___ NON-RESTRICTED Cardholder Signature _____ Date _____

MECHANICAL	COMPANY OR CONTRACTOR _____
	ADDRESS _____ CITY/STATE _____ ZIP _____
	GA STATE CERTIFICATION # <i>(hard copy required)</i> _____ EMAIL _____
	LOCL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE # _____
	___ RESTRICTED ___ NON-RESTRICTED Cardholder Signature _____ Date _____

LOW VOLTAGE	COMPANY OR CONTRACTOR _____
	ADDRESS _____ CITY/STATE _____ ZIP _____
	GA STATE CERTIFICATION # <i>(hard copy required)</i> _____ EMAIL _____
	LOCL BUSINESS LICENSE OR OCCUPATIONAL TAX CERTIFICATE # _____
	___ RESTRICTED ___ NON-RESTRICTED Cardholder Signature _____ Date _____

I understand that I am responsible for each required licensed contractor to obtain a business license in his or her County. Any false information or representation will be prosecuted under all applicable laws and ordinances..

MASTER PERMIT HOLDER SIGNATURE _____ DATE _____