

## SUB-CONTRACTOR FORM

For Projects with an Existing Permit Number

Community Development

4800 Ashford Dunwoody Road | Dunwoody, GA 30338

Phone: (678) 382-6800 | Fax: (770) 396-4828

**DO NOT SUBMIT THIS FORM WITHOUT PAYMENT AND COPIES OF  
TRADE, BUSINESS, AND DRIVER'S LICENSES!**

Payments are only accepted In-Person or by Mail.

We Accept: **VISA, MasterCard, Check & Cash** \* Fees submitted by mail **must** be paid by check

Building Permit #: \_\_\_\_\_ Project Name: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

Does this involve a change of (electrical) service?  Yes  No *If yes, please fill out power waiver release.*

**Licensure Type:** (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Conditioned Air – Restricted     | <input type="checkbox"/> Electrical Contractor – Restricted     |
| <input type="checkbox"/> Conditioned Air – Non-Restricted | <input type="checkbox"/> Electrical Contractor – Non-Restricted |
| <input type="checkbox"/> Master Plumber – Restricted      | <input type="checkbox"/> Fire Alarm or Fire Suppression         |
| <input type="checkbox"/> Master Plumber – Non-Restricted  |   |
| <input type="checkbox"/> Journeyman Plumber               |   |
| <input type="checkbox"/> Sprinkler Contractor             |   |
| <input type="checkbox"/> Other: _____                     |   |

**EXEMPTED** from licensure requirements per O.C.G.A. § 43-41-17

(For a list of exempted trades, visit: [http://sos.georgia.gov/plb/contractors/Specialty\\_contractors.htm](http://sos.georgia.gov/plb/contractors/Specialty_contractors.htm))

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

State License(s) #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Business License #: \_\_\_\_\_ County/City: \_\_\_\_\_ Expiration: \_\_\_\_\_

By signing below, I am certifying that I am responsible for the work being done at the address above. I understand that I will be held responsible until the Community Development Department is notified of any change.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SCHEDULE YOUR INSPECTION @ [dunwoodyga.gov](http://dunwoodyga.gov)**