

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 |
| <input type="checkbox"/> Master Plumber – Non-Restricted | <input type="checkbox"/> Fire Suppression |
| <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)

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