

WALTON COUNTY PLANNING AND DEVELOPMENT
FAX (770) 267-1407 INSPECTION REQUESTS 770-267-1485 OPTION # 1

CONTRACTOR AFFIDAVIT
CONTRACTORS MUST BE REGISTERED IN WALTON COUNTY PRIOR
TO SUBMITTING AFFIDAVITS

DATE: _____

Permit # _____ Address _____

Permit Name _____

Residential _____ Commercial _____

=====

ELECTRICAL:

Company/Contractor Name _____ Phone _____

Service size or Type of Installation _____

****Any Electric Permit or Addition to any One & Two Family Dwelling will require Smoke Alarms to be installed per IRC Section R 313.1-313.4.1 with Carbon Monoxide Alarms outside of each Sleeping Area. Any Service Change Will Require Intersystem Bonding Termination & Arc Fault Breakers****

Application is hereby made to request the Walton County Inspection Department to inspect the Electrical Service installation at the above stated location for approval of "Temporary Power Connection" to the structure. All service equipment, grounding, bonding, and ground fault circuit interrupter protection for connected circuit(s) shall be installed per the requirements of the Georgia State Electrical Code (NEC).

By signing this application, we understand that the applicants assume all liability and use of electricity on this site. We relieve Walton County from all liability from damage, accident, or injury due to the approval of temporary power connection.

We also understand that **No Occupancy** is allowed until the final inspection has been made and the Certificate of Occupancy/Certificate of Completion issued. Any use or occupancy in violation of the Walton County Construction Code may result in a "**Stop Work Order**" and **Citations**.

Electrical Contractor Signature

State License #

General Contractor Signature

Print Name

Print Name

****If Home Owner--- Signature will need to be Notarized****

Walton County Contractor #CC _____

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Permit # _____ Address _____ DATE: _____

Permit Name _____

Residential _____ Commercial _____

HEATING & AIR:

Company/Contractor Name _____ Phone _____

Type of System _____ Tonnage _____ # of Systems _____

Signature _____ State License # _____

Please Print name _____

****If Home Owner--- Signature will need to be notarized****

Walton County Contractor #CC _____

GAS:

Company/Contractor Name _____ Phone _____

Number of Items using Gas: Furnace _____ Water Heater _____ Stove _____ Dryer _____

Refrigerator _____ Other _____

Signature _____ State License # _____

Please Print Name _____

****If Home Owner--- Signature will need to be notarized****

Walton County Contractor #CC _____

PLUMBING:

Company/Contractor Name _____ Phone _____

Number of Fixtures:

Water Closets _____ Lavatory _____ Tub _____ Shower _____ Kitchen Sink _____ Dishwasher _____

Washing Machine _____ Water Heater _____ Laundry Sink _____ Floor Drain _____

Drinking Fountain _____ Service Sink _____ Urinal _____ Disposal _____ Sewer/Septic _____

Other _____

By this signature, I also certify that any sprinkler systems installed for One and Two Family Dwellings are in compliance with the current enforced edition of NFPA 13D

Signature _____ State License # _____

Please Print Name: _____

****If Home Owner--- Signature will need to be Notarized****

Walton County Contractor #CC _____