



## **SUB-CONTRACTOR FORM**

### **General Contractor shall call in ALL inspections**

**NOTICE:** This form must be completed, signed and submitted to the Development Department office before work may commence. A copy of the current business license, driver's license and state trade card must accompany all forms. A completed form is required for each trade subcontractor. Please email to [chambleedevelopment@chambleega.gov](mailto:chambleedevelopment@chambleega.gov), and reference the job site address in the subject line.

**Building Permit #:** \_\_\_\_\_

**Job Site Address:** \_\_\_\_\_

**General Contractor:** \_\_\_\_\_

**This is to certify that I am responsible for the:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Electrical</b> | <input type="checkbox"/> <b>Plumbing</b>    |
| <input type="checkbox"/> <b>HVAC</b>       | <input type="checkbox"/> <b>Low Voltage</b> |
| <input type="checkbox"/> <b>Gas</b>        | <input type="checkbox"/> <b>Other</b> _____ |

I certify that I have and will comply with all codes and ordinances adopted by the City that pertain to the construction of this structure. In the event of any change in my status on this installation, I understand that I will be held responsible for all indicated trade work at this job until the Building Official has been notified, in writing, of any change. I further agree to indemnify the City and its operator from any liability for damages and loss of property if the work performed by our firm has not been installed in accordance with these codes and ordinances.

(To be completed by sub-contractor)

**Sub-contractor Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Business License #:** \_\_\_\_\_ **County/City:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**State License #:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Print State Card Holder Name:** \_\_\_\_\_

**CARD HOLDER SIGNATURE:** \_\_\_\_\_

**Print Site Supervisor Name:** \_\_\_\_\_

**Supervisor Cell Phone #:** \_\_\_\_\_