SUB-CONTRACTOR FORM

For Projects with an Existing Permit Number

Community Development
Dunwoody
Smart people – Smart city
41 Perimeter Center East, Suite 250, Dunwoody, GA 30346 (678) 382-6800

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

Sub-Contractor Fee Schedule:

* **Electrical, Mechanical & Plumbing**	Fees are based on the overall area (Sq Ft) of a project. BASIC ESTIMATION FOR INTERIOR FINISHES ONLY: $25 + (6¢/Sq Ft for Commercial) or (4.5¢/Sq Ft Residential). Please call ahead for exact amount.
* **Low Voltage**	**$75** Flat Fee each

Building Permit #: _____ Project Name: _____

Job Site Address: _____ Suite #: _____

Licensure Type: (Check all that apply)

- ❑ Conditioned Air – Restricted
- ❑ Conditioned Air – Non-Restricted
- ❑ Master Plumber – Restricted
- ❑ Master Plumber – Non-Restricted
- ❑ Journeyman Plumber
- ❑ Sprinkler Contractor
- ❑ Other: _____
- ❑ Electrical Contractor – Restricted
- ❑ Electrical Contractor – Non-Restricted
- ❑ Low Voltage – General
- ❑ Low Voltage – Telecommunications
- ❑ Low Voltage – Alarm
- ❑ Low Voltage – Unrestricted

❑ **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: _____

For Building Inspection Requests, please call (678) 382-6804 before 4PM for next-business-day service.