



1130 Bluffs Parkway
 Canton, GA 30114
 P 770-721-7810
www.cherokeega.com
dsc@cherokeega.com

SUB-CONTRACTOR AFFIDAVIT																								
PROJECT	<p>This form must be completed, notarized and submitted to the Development Service Center prior to obtaining a Certificate of Occupancy. A copy of your current State Trade License must accompany all affidavits. Affidavits must be uploaded to our CityView Portal, on our website. NO FAXES</p>																							
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AUTHORIZED SIGNATURES	<p>I certify that I have and will comply with all codes and ordinances adopted by Cherokee County that pertain to the work specified above. The undersigned, upon oath, states that the above information is true and correct, understands that the permit issued is only for construction as stated and that the occupancy of the structure is not permissible until all requirements are met and a Certificate of Occupancy has been issued by Cherokee County.</p> <p>APPLICANT'S NAME _____</p> <p>APPLICANT'S SIGNATURE _____ DATE _____</p> <p>Sworn to and subscribed before me,</p> <p>This ____ day of _____, 20_.</p> <p style="text-align: right; color: gray;">SEAL</p> <p>_____</p> <p>(Notary Public – Please notarize with official seal)</p>																							



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Temporary to Permanent Power Connection

This electrical permit is issued to provide temporary electrical service to the construction site of the building or work authorized by an active building permit. Use of the temporary electrical service is limited to:

- Residential building permit - 90 Days (following approved rough inspection)
- Commercial building permit – completion of construction

An extension may be granted, provided the applicant submits request before expiration date to the Building Official.

Job Site Address				Permit #
Subdivision	Lot#	Suite #	City	Zip Code

Description of work

NOTE: Owner/Tenant is not allowed to occupy the residence, building or suite on temporary construction power. Final inspection and a certificate of occupancy are required before occupancy.

Applicant Name (please print)	Phone #
Electrical Contractor Name (please print)	
Email	
State License Number	Expiration Date
Company Name	Business Phone #
Company Address	
Company Email	

The service equipment for the above referenced job location has been installed in accordance with all applicable codes. Cherokee County Inspections Department will be contacted when the service conductor and service switch are ready for inspection. Cherokee County and its building inspectors are hereby relieved from any liability, damage, or loss associated with connection or disconnection of this temporary service.

 NAME OF LICENSED ELECTRICIAN

SIGNATURE _____ DATE _____

This ____ day of _____, 20__

SEAL

 (Notary Public – Please notarize with official seal)