

**CITY OF CUMMING
PLANNING & ZONING DEPARTMENT
100 MAIN STREET
CUMMING, GEORGIA 30040
(770) 781-2024
FAX # (770) 781-2029**

NOTICE: This form must be completed in full, signed and submitted to the Planning & Zoning Department before work may commence. **NO INSPECTIONS WILL BE PERFORMED UNTIL THIS FORM IS RECEIVED.**

Building Permit Number: _____

Job Site Name: _____

Job Site Address: _____

General Contractor: _____

This is to certify that I am responsible for the:

_____ **Electrical** _____ **Plumbing** _____ **HVAC**

installation (s) at the job site address above or described in the above referenced building permit application.

In the event of any change in my status on this application, I understand that I will be held responsible for this job until the Planning & Zoning Department has been notified, in writing, of such change.

MUST SUBMIT A COPY OF CURRENT STATE CARD & BUSINESS LICENSE.

SIGNED: _____ **DATE:** _____

STATE ELECTRICAL LICENSE #: _____

STATE PLUMBING LICENSE #: _____

STATE HVAC LICENSE #: _____

BUSINESS LICENSE #: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE #: _____