

AFFIDAVIT - Electrical Contractor to Restore Power



Building Inspections & Permits Division
302 S. Madison Avenue, Douglas, GA 31533 | Phone: 912-389-3423
Email: spridgen@cityofdouglasga.gov



Project Address: _____ Date: _____

Electrical Contractor Company: _____ Phone: _____

Name of Cardholder State Card Number

Email: _____

Check only one:

- I hereby certify that the above address has been examined and deemed **safe** for electrical activation. I also certify that no electrical work has been performed by those listed above.
- I hereby certify that the above address has been examined and deemed **unsafe** for electrical activation and repairs are needed to make it safe for electrical activation, and a permit application will be submitted.

Signature of Cardholder Date

The above affidavit was acknowledged before me and subscribed in my presence this

_____ day of _____ 20_____.

Notary Public Commission Expires

SEAL