



Permitting Office
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MH SETUP - PLUMBING CONTRACTOR AFFIDAVIT

NOTE: THIS AFFIDAVIT IS REQUIRED ONLY IF THE WATER AND/OR SEWER ARE CONNECTED TO THE CITY OF FOLKSTON.

CONTRACTOR: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE #: _____ EXPIRATION DATE: _____

I, the undersigned, hereby declare that I have been hired by _____
to make the plumbing connections for a mobile home at the following address:

I also declare this is my license number and I take full responsibility for all plumbing work related to this mobile home setup.

PLUMBING CONTRACTOR

DATE