

SUB-CONTRACTOR AFFIDAVIT

Date: _____

Notice: This form must be completed, signed and submitted to the Planning and Development Department before work may commence and at least 24 hours prior to requesting an inspection. Original signature is required; fax copies will not be accepted.

BUILDING PERMIT NUMBER(S): _____

SUBDIVISION: _____ LOT(S): _____

JOB SITE ADDRESS(ES): _____

GENERAL CONTRACTOR: _____

This is to certify that I am responsible for the: _____ Electrical _____ Plumbing _____ Heat/Air

Please check below the type of license you hold and are using for this job:

- _____ Electrical Contractor Class I
- _____ Electrical Contractor Class
- _____ Master Plumber Class I
- _____ Master Plumber Class II
- _____ Conditioned Air Contractor Class I
- _____ Conditioned Air Contractor Class II

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

SIGNATURE (**ORIGINAL**): _____

PLEASE PRINT NAME: _____

BUSINESS LICENSE NUMBER: _____

STATE LICENSE NUMBER: _____

COMPANY NAME: _____

COMPANY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL PHONE: _____