



**SUBCONTRACTOR AFFIDAVIT**

NOTICE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED BEFORE A PERMIT MAY BE ISSUED OR WORK MAY COMMENCE:

JOB SITE: \_\_\_\_\_

This is to certify that I am responsible for installations at the above location:

BUILDER COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ BUS. LIC. # \_\_\_\_\_ VERIFIED BY \_\_\_\_\_



ELECTRICAL COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LICENSE HOLDER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ TYPE: RESTRICTED NON-RESTRICTED

BUS. LIC. # \_\_\_\_\_ VERIFIED BY \_\_\_\_\_



PLUMBING COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LICENSE HOLDER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ TYPE : RESTRICTED NON-RESTRICTED

BUS. LIC. # \_\_\_\_\_ VERIFIED BY \_\_\_\_\_



HVAC COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LICENSE HOLDER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STATE LICENSE # \_\_\_\_\_ TYPE : RESTRICTED NON-RESTRICTED

BUS. LIC. # \_\_\_\_\_ VERIFIED BY \_\_\_\_\_



**NOTE 1:** A NEW AFFIDAVIT MUST BE FILED IF ANY CHANGE IN CONTRACTORS IS MADE DURING CONSTRUCTION.

**NOTE 2:** A SUBCONTRACTOR AFFIDAVIT MUST BE SUBMITTED FOR EACH SEPARATE PROJECT.