

GENERAL CONTRACTOR AFFIDAVIT

Date:		
state licensed general contracto	or <mark>only</mark> suppling prope ensing. This form MUS	he Building Permit Department <u>by the</u> er picture identification as well as a BT BE IN THE OFFICE AT LEAST 24
BUILDING PERMIT #	(WILL BE ISSUED AT	PERMITTING)
SUBDIVISION/PROJECT NAME:		LOT#
JOB SITE ADDRESS:		
GENERAL CONTRACTOR:		
Signature:		
Notary:		
Expiration:		
By signing above I acknowledge th active and have attached copies of b		g (state and business) is compliant and license for verification.
Company Name:		
Company Physical Address:		
City:	_State:	Zip:
Company Mailing Address:		
		Zip:
Contact Person for this project:_		
Telephone number:	email:	
Business License Number:	County:_	Expires:
State License Number:		Expires