

SUB CONTRACTORS AFFIDAVIT

NOTICE: THIS FORM SHALL BE COMPLETED, SIGNED AND SUBMITTED TO THE ABOVE DEPARTMENT PRIOR TO COMMENCING WORK. CONTRACTORS AND SUBCONTRACTORS SHALL BE REGISTERED WITH THE DEPARTMENT PRIOR TO SUBMITTING PERMIT APPLICATION OR AFFIDAVITS. ALLOW 48 HOURS TO PROCESS AFFIDAVIT PRIOR TO REQUESTING AN INSPECTION.

PLEASE TYPE OR PRINT

GENERAL CONTRACTOR'S BUILDING PERMIT NO.:

(NUMBER IS REQUIRED FOR AFFIDAVIT TO BE PROCESSED)

NAME OF GENERAL CONTRACTOR/OWNER:

PROJECT ADDRESS:

SUBCONTRACTORS NAME:

ADDRESS:

CITY/STATE/ZIP:

BUSINESS PHONE:

FAX:

ELECTRICAL

☐ NEW SERVICE ☐ CHANGE SERVICE ☐ REWIRE ☐ ALT. ☐ SIGN ☐ POOL
☐ OTHER:

COST EST. VALUE:

LOW VOLTAGE

☐ ALARM ☐ TELECOMM. ☐ GENERAL ☐ UNRESTRICTED
☐ OTHER:

COST EST. VALUE:

PLUMBING

TOTAL # FIXTURES

☐ SEWER LATERAL ☐ SEPTIC TANK ☐ RENEWALS ☐ GREASE TRAP ☐ WT. HT. ☐ BACKFLOW
☐ OTHER:

COST EST. VALUE:

MECHANICAL

☐ ELECTRICAL ☐ GAS ☐ COMBO ☐ REFRIG. ☐ COMM. HOOD ☐ DUCTWORK
☐ OTHER:

COST EST. VALUE:

GAS

GAS OUTLETS

☐ NATURAL ☐ LIQUIFIED PETROLEUM ☐ GAS PIPING
☐ OTHER:

COST EST. VALUE:

FIRE PROTECTION

☐ SPRINKLER ABOVE GRND ☐ SPRINKLER BELOW GRND ☐ ALT. SYSTEM ☐ STANDPIPE ☐ FIRE PUMP
OTHER:

COST EST. VALUE:

I HEREBY CERTIFY THAT I AM RESPONSIBLE FOR AND AUTHORIZED BY THE GENERAL CONTRACTOR TO PERFORM THE ABOVE STATED WORK

SIGNATURE: _____ DATE: _____