



## SUB-CONTRACTOR AFFIDAVIT

(State card required)

**Copies of State cards and business licenses are required *before* the final inspection is performed.**

Master permit number: \_\_\_\_\_ Date issued: \_\_\_\_\_  
Address of project: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Contractor or owner: \_\_\_\_\_

**ELECTRICAL CONTRACTOR:**      Restricted      Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**MASTER PLUMBER:**      Restricted      Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**CONDITIONED AIR:**      Restricted      Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

**LOW-VOLTAGE:**      Restricted      Non-restricted

Company or contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State card No.: \_\_\_\_\_ County business license No.: \_\_\_\_\_  
Card holder signature: \_\_\_\_\_

I understand that I am responsible for each required licensed contractor to obtain a business license in his or her County. Any false information or representation will be prosecuted under all applicable laws and ordinances.

Master permit holder signature: \_\_\_\_\_ Date: \_\_\_\_\_