

Town of Talking Rock

Plumbing / Mechanical Sub-Contractor Affidavit

THIS AFFIDAVIT MUST BE ON FILE PRIOR TO RECEIVING ANY INSPECTIONS Today's Date: _____

NOTICE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED TO THE BUILDING INSPECTIONS DEPARTMENT AT LEAST 24 HOURS PRIOR TO REQUESTING A ROUGH INSPECTION. FAILURE TO COMPLY WILL RESULT IN THE BUILDER'S ROUGH AND FINAL INSPECTIONS BEING DELAYED.

BUILDING PERMIT NUMBER: _____

PROPERTY OWNER'S NAME: _____

SUBDIVISION: _____ LOT: _____

JOB SITE ADDRESS: _____

GENERAL CONTRACTOR: _____

THIS IS TO CERTIFY THAT I AM RESPONSIBLE FOR THE: _____ PLUMBING _____ MECHANICAL PLEASE CHECK BELOW THE TYPE OF LICENSE YOU HOLD AND ARE USING FOR THIS PARTICULAR JOB:

MASTER PLUMBER CLASS I (RESTRICTED TO S/F, I LEVEL DUPLEX & COMMERCIAL UP TO 10,000 sq. ft.)

MASTER PLUMBER CLASS E (UNRESTRICTED)

CONDITIONED AIR CONTRACTOR CLASS I (RESTRICTED TO 60,000 BTU COOLING & 175,000 BTU HEATING)

CONDITIONED AIR CONTRACTOR CLASS H (UNRESTRICTED)

IN THE EVENT OF ANY CHANGE IN MY STATUS ON THIS INSTALLATION, I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR THIS JOB UNTIL BUILDING INSPECTIONS HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE. SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME: _____

COUNTY NAME OF BUSINESS LICENSE: _____

BUSINESS LICENSE NUMBER: _____ EXPIRATION DATE _____

STATE LICENSE NUMBER: _____ EXPIRATION DATE _____

COMPANY NAME: _____

STREET ADDRESS: _____ CITY _____ ZIP CODE: _____

BUSINESS PHONE: _____