**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_