

OFFICE USE ONLY				
Date://				
Application Number:				
Taken By:				

## SUBCONTRACTOR AFFIDAVIT

**Notice:** Subcontractors (**trades for Electrical, Plumbing or Mechanical only**) must submit this form before a building permit is issued.

A copy of your current Business License, State License and Photo ID must accompany this affidavit. All information requested on this form is mandatory.

You may email this completed form with the required copy of licenses and photo ID to: buildingpermits@roswellgov.com

Permit Application #:			
Site Address:			
Subdivision:	Lot/Bldg./St:		
General Contractor Name:			
This is to certify that I am respons	sible for: (check all that apply)		
Electrical	Mechanical	Plumbing	
of this structure. In the event of a indicated work at this job until Bui	ly with all codes and ordinances add any change in my status on this inst ilding Inspections has been notified, om any liability for damages and los with these codes and ordinances.	tallation, I understand that , in writing, or any change.	I will be held responsible for all I further agree to indemnify the
State card holder:	(1	Print)	
Signature:	Date:		_
State License #:			_
Business License#:	Jurisdiction:		
Contractor Business Name:			
Address:			
Telenhone:	Call		

E-Mail: \_\_\_\_\_