

GENERAL CONTRACTOR AFFIDAVIT

Date:			
Notice: This form must be prepa state licensed general contracto copy of business and state I SUBMITTAL OF THE APPLICTION	or <mark>only</mark> suppling prope licensing. This form N	r picture identification	as well as a
BUILDING PERMIT #	(WILL BE	ISSUED AT PERMITTING)	
SUBDIVISION/PROJECT NAME:		LOT#	£
JOB SITE ADDRESS:			
GENERAL CONTRACTOR:Please Print			
Signature:			
Notary:			
Expiration:			
By signing above, I acknowledge the active and have attached copies of be			ompliant and
Company Name:			
Company Physical Address:			
City:	State:	_Zip:	
Company Mailing Address:			
City:	State:	_Zip:	
Contact Person for this project:			
Telephone number:	email:		
Business License Number:	County:_	Expires:	
State License Number:		Fynires	