



City of Covington

SUBCONTRACTOR AFFIDAVIT

Date Received: _____

Received By: _____

ALL STATE LICENSED SUBCONTRACTORS MUST SUBMIT THIS AFFIDAVIT.

PLEASE COMPLETE THE FOLLOWING AND RETURN IT WITH A COPY OF THE STATE LICENSE, DRIVER'S LICENSE AND BUSINESS LICENSE.

QUESTIONS? PLEASE CALL 770-385-2021

I. PROJECT NAME:

Description to work to be completed: _____

II. PROJECT LOCATION:

Address: _____

Tax ID: _____ Parcel Size (Acres): _____

Zoning District: _____

III. PROPERTY OWNER:

Name: _____

Address: _____

Phone: _____ Email Address: _____

IV. TRADE:

ELECTRICAL HVAC PLUMBING LOW VOLTAGE ALARM SPRINKLER

V. SUBCONTRACTOR INFORMATION:

Business Name: _____ Phone: _____

License Holder: _____ Email: _____

State License Number: _____ Expiration Date: _____

Business Address: _____ City: _____ State: _____ Zip: _____

VI. SIGNATURE:

By signing below, I agree that I am the licensed contractor listed on this affidavit and responsible for my trade at this project location.

Signature: _____ Date: _____

Print: _____