



# TOWN OF WAYNESVILLE

Development Services Department  
Building Inspections  
9 South Main Street  
Waynesville, NC 28786  
Phone (828) 456-8647 • Fax (828) 452-1492

## Subcontractor Affidavit

Date \_\_\_\_\_

Owner \_\_\_\_\_ PIN # \_\_\_\_\_

Job Site Address \_\_\_\_\_

General Contractor \_\_\_\_\_

*This is to certify that I am the responsible subcontractor performing the following trade:*

Electrical                  Plumbing                  Mechanical                  Fuel Gas

*I understand that in the event of any change in my status on this installation, I will be held responsible for all indicated work performed at this job until the Town of Waynesville Inspections Office has been notified, in writing, of the change.*

Subcontractor Company Name \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License \_\_\_\_\_

Signature \_\_\_\_\_

*The above affidavit was acknowledged before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_*

*My Commission Expires \_\_\_\_\_*

*Notary Public \_\_\_\_\_*