

**MAINLAND OFFICE**

153 Courthouse Road  
P.O. Box 70  
Currituck, NC 27929  
Phone: 252-232-3378  
Fax: 252-232-3470



**COROLLA OFFICE**

1123 Ocean Trail  
P.O. Box 73  
Corolla, NC 27927  
Phone: 252-453-8555  
Fax: 252-453-8300

**CURRITUCK COUNTY INSPECTIONS DEPARTMENT**  
**Trade Contractor Affidavit**

- Please complete all information below
- Submit signed affidavit at permit application OR prior to first inspection of trade work
- Please fax or bring to permit office(s) noted above
- **MUST** be signed by Licensed Contractor

Electrical                       Gas                       Mechanical                       Plumbing

Contractor Information

Business Name: \_\_\_\_\_  
Name of Trade Contractor: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: (     ) \_\_\_\_\_

License Information

NC State License #: \_\_\_\_\_  
License Classification: \_\_\_\_\_  
License Expiration Date: \_\_\_\_\_

Project Information

Property Owner: \_\_\_\_\_  
Job Location: \_\_\_\_\_  
Building Permit #: \_\_\_\_\_  
Cost of Trade Work: \$ \_\_\_\_\_

I hereby affirm or swear that I am licensed and qualified to assume all responsibility and liability as a contractor on this project. **If I resign or am no longer affiliated with this project, I will notify the local permit office immediately by phone or in person AND in writing within three (3) working days.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_