



Contractor Affidavit

Licensed Trade Permit Application

STATE OF NORTH CAROLINA
COUNTY OF CURRITUCK

- | | | | | |
|------------------------------------|----------------------------------------|-------------------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> General | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Fire Suppression | | |

Contractor Information

License Holder: _____
Name of Business: _____
Business Address: _____
Phone: _____
Email: _____

License Information

NC License Number: _____
License Classification: _____

Project Information

Project Address: _____
Application Reference Number: _____
Cost of Trade Work: _____
Site Supervisor: _____

Scope Of Work

I am licensed and qualified to assume all responsibility and ability as a contractor on this project. If I resign or am no longer affiliated with this project, I will notify the Currituck County Central Permitting Division in writing within three working days. I understand that it is my responsibility to obtain workers' compensation insurance, if necessary.

Signature of License Holder

Date