

PLUMBING CONTRACTOR PERMIT AFFIDAVIT

NEWTON COUNTY

License No. _____ Date _____ Permit No. _____

Plumbing Contractor _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Project Address or Location _____

Owner _____

General Contractor _____

THE INFORMATION CONTAINED IN THE COMPLETED AFFIDAVIT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AN CORRECT. I FULLY UNDERSTAND THAT ANY VARIATIONS OR FALSE STATEMENTS MADE IN THIS AFFIDAVIT SHALL CONSTITUTE A CAUSE FOR REVOCATION OF THIS PERMIT AND CREATE THE POTENTIAL FOR LEGAL ACTION.

(Signature/General Contractor - (To be signed by License Holder Only!!))

SEAL:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,

MY COMMISSION EXPIRES: _____

(SIGNATURE/NOTARY PUBLIC)