

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)