



# City of Covington

## SUBCONTRACTOR AFFIDAVIT

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

**ALL STATE LICENSED SUBCONTRACTORS MUST SUBMIT THIS AFFIDAVIT.**

**PLEASE COMPLETE THE FOLLOWING AND RETURN IT WITH A COPY OF THE STATE LICENSE, DRIVER'S LICENSE AND BUSINESS LICENSE.**

**QUESTIONS? PLEASE CALL 770-385-2174**

**I. PROJECT NAME:**

\_\_\_\_\_

Description to work to be completed: \_\_\_\_\_

**II. PROJECT LOCATION:**

Address: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Parcel Size (Acres): \_\_\_\_\_

Zoning District: \_\_\_\_\_

**III. PROPERTY OWNER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**IV. TRADE:**

ELECTRICAL  HVAC  PLUMBING  LOW VOLTAGE  ALARM  SPRINKLER

**V. SUBCONTRACTOR INFORMATION:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

License Holder: \_\_\_\_\_ Email: \_\_\_\_\_

State License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**VI. SIGNATURE:**

By signing below, I agree that I am the licensed contractor listed on this affidavit and responsible for my trade at this project location.

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

Print: \_\_\_\_\_