

Haywood County Building Inspections
157 Paragon Parkway Suite 200
Clyde, NC 28721
Phone: (828) 452-6638 Fax: (828) 452-6791

SUBCONTRACTOR INFORMATION AND AFFIDAVIT

I understand that in the event of any change in my status on any installation that I have signed onto the building permit, I will be held responsible for all indicated work performed at the job until the Haywood County Building Inspections Department has been notified, in writing, of any change.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License Number: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____

Security Code: _____

I as the licensee agree that before any work is performed, I will call Haywood County Building Inspections with my Security Code to be added to the permit. Only original affidavits accepted.

Signature of Licensee: _____

The above affidavit was acknowledged before me and subscribed in my presence this

_____ day of _____, 20____.

Seal:

My commission expires: 3/21/2015

(Notary Public)