



EMERSON SUBCONTRACTOR AFFIDAVIT

A subcontractor affidavit is required for each building permit

BUILDING PERMIT NUMBER: _____ DATE: _____

OWNER: _____

JOB SITE ADDRESS: _____

GENERAL CONTRACTOR: _____ LICENSE # _____

TRADE CONTRACTOR: _____ LICENSE # _____

SPECIALTY CONTRACTOR: _____ LICENSE # _____

This is to certify that I am responsible for the: (PLEASE CHECK ALL THAT APPLY)

☐ Construction ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Roofing ☐ Water Services Only ☐ Heat/Air ☐ Grease Hood
☐ Duct Work ☐ Refrigeration System ☐ Gas Piping ☐ Mobile Home Installation ☐ Sewer Line Connection
☐ Septic Line Connection ☐ Sewer Lateral Only ☐ Septic Tank Only ☐ Storage Sheds ☐ Grease/Grit/Oil Trap

☐ Electrical Contractor Class I (Restricted to Single-Phase, not exceeding 400 Amps at service drop or lateral)
☐ Electrical Contractor Class II (Unrestricted)
☐ Low-Voltage Contractor Class LV-A (Restricted to Alarm & General System Low Voltage)
☐ Low-Voltage Contractor Class LV-G (Restricted to General System Low Voltage)
☐ Low-Voltage Contractor Class LV-T (Restricted to Telecommunication & General System Low Voltage)
☐ Low-Voltage Contractor Class LV-U (Unrestricted)

☐ Master Plumber Class I (Restricted to S/F, 1 level Duplex & Commercial up to 10,000 sq. ft.)
☐ Master Plumber Class II (Unrestricted)
☐ Utility Contractor
☐ Septic (Septic Tank – GA-TC)
☐ Conditioned Air Contractor Class I (Restricted to 60,000 BTU Cooling 175,000 BTU Heating per unit)
☐ Condition Air Contractor Class II (Unrestricted)
☐ Mobile/Manufactured Home Installer

I certify that I will comply with all codes and ordinances adopted by the City of Emerson that pertain to the construction of this structure. In the event of any change in my status on this installation, I understand that I will be held responsible for all indicated work at this job until Building Inspections has been notified, in writing, of any change.

SIGNATURE: _____

PLEASE PRINT NAME: _____

COMPANY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL: _____