

ELECTRICAL SUB-CONTRACTOR AFFIDAVIT

Site Address: _____

This is to certify that I am responsible for the **Electrical** installation and compliance with all applicable codes. I understand that Forsyth County requires Temporary Power Connection to Service Utilities before final inspection. I relieve Forsyth County and its Inspectors from any liability for damages or loss of property or improper installation.

Company Name

State License #

Licensed Electrical Contractor Signature

Notary Public Signature and Stamp

Date

Do you have a restricted license? Yes ☐ No ☐

if yes, Is the scope of this work within the license restriction (Residential, Single Phase, maximum 400amps)?

Yes ____ No ____

Licensed Electrical Contractor Signature

Date