

PLUMBING CONTRACTOR PERMIT AFFIDAVIT

Crown Point Building Department

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 AND 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/PLUMBING CONTRACTOR – (To be signed by License Holder ONLY!!!))

SEAL:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

MY COMMISSION EXPIRES: _____

(SIGNATURE/NOTARY PUBLIC)