



Sub-Contractor Affidavit

Date: _____

Section 1: Identification

Winfield Reg. # _____

Project Address: _____ Winfield IN 46307 Lot # _____

General Contractors Business Name: _____

Sub-Contractor Business Name: _____

Contractors Business Address: _____
Street Town State/Zip

Work # _____ Cell # _____ Fax # _____

Trade performed: _____

Section 2: Affidavit

The undersigned Sub-Contractor verifies:

1. The Sub-Contractor is a registered contractor in the Town of Winfield and the information in this document is true.
2. The Sub-Contractor is performing the work personally and/or through their employees.
3. The Sub-Contractor hereby agrees to abide by and comply with the conditions of all building codes and health laws of the State of Indiana. Furthermore, understands that any variations or violations from the provisions of these laws and ordinances or conditions as stated herein shall constitute a cause for revocation of this permit.

)
State of Indiana) SS:
County of Lake)
)

Printed Name of Sub-Contractor

Signature of Sub-Contractor

Seal:

Notary Signature _____

Resident of County of _____ State _____

My Commission Expires: _____