

# 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