

SPECIALTY CONTRACTOR PERMIT AFFIDAVIT

Town of Lowell
Building Department

License No.: _____ Date: _____ Permit No.: _____

Specialty Contractor _____

Address _____ Phone Number _____

City _____ State _____ Zip Code _____

Project Address or Location _____

Owner _____

General Contractor _____

The following work will be performed by the above-mentioned 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.

Contractor's Signature _____

SEAL:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _ DAY OF _____, 20__

MY COMMISSION EXPIRES: _____

(SIGNATURE/NOTARY PUBLIC)