



TOWN OF
LOWELL
CULTIVATING COMMUNITY

PERMIT AFFIDAVIT CONTRACTOR

Contractor Type: General Plumbing HVAC Electrical Specialty _____

Contractor Name _____ Phone _____

Project Location _____ City _____ State _____

E-mail _____

Project Scope _____

General Contractor _____ Owner _____

The information contained in the completed affidavit is to the best of my knowledge and belief to be 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 Signature _____

TO BE SIGNED BY THE LICENSE HOLDER ONLY!!!

OWNER/OCCUPANT

BE AWARE: When an owner/occupant states he alone is constructing, installing, altering, repairing or remodeling the residence he is occupying or intends to occupy, it is a violation of the Licensing Ordinance to use any worker or any person to assist who is not licensed by the Unincorporated Lake County Contractors Licensing Board in accordance with licensing Ordinance No. 1682 and construction will be stopped.

Date _____ Owner _____

Street _____ Phone _____

City/Town _____ State _____

Project Address or Location _____

I hereby Attest that I alone, will be performing the following work covered by the above permit:

The information contained in this completed affidavit is to the best of my knowledge and belief to be true and accurate. I fully understand that any variations or false statements made in the affidavit shall constitute a cause for revocation of this permit and create the potential for legal action.

Owner Signature _____