

*Ashe County*  
*Inspection Department*

150 Government Circle  
Suite 2400 Jefferson, NC 28640  
Phone: (336) 846-5511  
Fax: (336) 846-5518

Plumbing # \_\_\_\_\_ Electrical # \_\_\_\_\_ Mechanical # \_\_\_\_\_

Name \_\_\_\_\_

Business name \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Business Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Location of Job \_\_\_\_\_  
\_\_\_\_\_

Owner Phone # \_\_\_\_\_

Owner Email \_\_\_\_\_

*I the undersigned have read and understand the General Statues pertaining to contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the local authority (Ashe County Inspection Department) immediately by phone or in person, and in writing within three (3) working days.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Description of work \_\_\_\_\_