

*Ashe County
Inspection Department*

*150 Government Circle
Suite 2400
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 _____

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 _____