

**SPECIALTY CONTRACTOR PERMIT AFFIDAVIT** LAKE COUNTY PLANNING & BUILDING DEPT.

LICENSE NO. \_\_\_\_\_ DATE \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

SPECIALTY CONTRACTOR \_\_\_\_\_

\_\_\_\_\_

ADDRESS

PHONE NUMBER

CITY

STATE

ZIP CODE

PROJECT ADDRESS OR LOCATION

OWNER

GENERAL 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.

SIGNATURE / SPECIALTY CONTRACTOR (To be signed by the License Holder ONLY!)

SEAL:

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE (NOTARY PUBLIC)