CAMDEN COUNTY
BUILDING INSPECTIONS DEPARTMENT
P. O. BOX 190, CAMDEN, NC 27921
1-252-338-1919
FAX 1-252-333-1603

TRADE AFFIDAVIT

PLEASE COMPLETE ALL INFORMATION BELOW
SUBMIT SIGNED AFFIDAVIT AT PERMIT APPLICATION OR PRIOR TO FIRST INSPECTION

☐ **ELECTRICAL** ☐ **PLUMBING** ☐ **MECHANICAL** ☐ **GENERAL CONTRACTING**

CONTRACTOR INFORMATION

BUSINESS NAME:_____

NAME OF TRADE CONTRACTOR:_____

Business Address:_____

_____

Business Phone:_____

LICENSE INFORMATION

NC State License #:_____

License Classification:_____

License Expiration Date:_____

PROJECT INFORMATION

Project Information (property owner):_____

Job Location (project address):_____

Building Permit #:_____

Contract Cost: $_____

I hereby affirm or swear that I am Licensed and qualified to assume all responsibility and liability as a Contractor on this project. **If I resign or am no longer affiliated with this project, I will notify the local Inspection Office immediately by phone or in person AND in writing within three (3) working days.**

Signature:_____ Date:_____