

FOR OFFICE USE ONLY

Permit #: _____

Date Rec'd: _____

Rec'd by: _____



City of Keene

New Hampshire

Community Development Department

SUBCONTRACTOR AFFIDAVIT

Supplement to the permit application

NOTE: This is not a permit application

PROJECT ADDRESS: _____ PROPERTY OWNER: _____

Signature indicates responsibility for compliance in accordance with RSA:155-A.

Electrical Subcontractor

State License #: _____ Expiration Date: _____

Name: _____ Address: _____

City/State: _____ Phone: _____

Email: _____

License Holders Signature: _____ Date: _____

Plumbing Subcontractor

State License #: _____ Expiration Date: _____

Name: _____ Address: _____

City/State: _____ Phone: _____

Email: _____

License Holders Signature: _____ Date: _____