



**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: \_\_\_\_\_