



CONTRACTOR AFFIDAVIT FORM

I understand that it is my responsibility, as the Licensed Contractor for construction in the Town of Lexington, to hire only licensed and insured sub-contractors.

The attached sub-contractor verification form includes the names of sub-contractors who will be working on this property and permit. They are insured and licensed or registered with the State of South Carolina Department of Labor, Licensing and Regulation.

Property Address _____ Permit # _____

Licensed Contractor's Company Name _____

Licensed Contractor's Signature

PRINTED NAME



SUB-CONTRACTOR VERIFICATION FORM

"DUE PRIOR TO CO" ON NEW CONSTRUCTION

Electrical Contractor Name and License/Registration Number Phone Number

Plumbing Contractor Name and License/Registration Number Phone Number

Mechanical Contractor Name and License/Registration Number Phone Number

Roofing Contractor Name and License/Registration Number Phone Number

Fire Alarm Contractor Name and License/Registration Number Phone Number

Fire Sprinkler Contractor Name and License/Registration Number Phone Number

Underground Fire Service Contractor Name and License/Registration Number Phone Number

Other Contractor Name and License/Registration Number Phone Number

If you change sub-contractors during the course of construction, please list both old and new subs or call/e-mail to:

803.356.5938 or mjeffcoat@lexsc.com