



CONTRACTOR ACKNOWLEDGEMENT FORM

Permit #: RAS _____ - _____

(Please Print)

ONLY individual contractors MUST COMPLETE AND SIGN this form.

If your State License or COI (Certificate of Insurance) is expired the permit you are working will be invalid and will not be issued or may be cancelled by the Building Official.

Construction address: _____

Building Contractor: _____

MASTER ELECTRICIAN'S STATEMENT

I, _____, do acknowledge that **I will be doing the electrical work** for the
(print name)

construction at the above stated address.

(date) (signature) License # / Exp. date / Cert. of Insurance exp. date

(Company name, address & phone number)

MASTER PLUMBER'S STATEMENT

I, _____, do acknowledge that **I will be doing the plumbing work** for the
(print name)

construction at the above stated address.

(date) (signature) License # / Exp. date / Cert. of Insurance exp. date

(Company name, address & phone number)

MECHANICAL/HVAC STATEMENT

I, _____, do acknowledge that **I will be doing the mechanical/HVAC work**
(print name)

for the construction at the above stated address.

(date) (signature) License # / Exp. date / Cert. of Insurance exp. date

(Company name, address & phone number)