

# CONTRACTOR AFFIDAVIT

Department of  
Development Services  
PO Box 339  
1300 Courthouse RD  
Stafford, VA 22555-0339  
(540) 658-8650



Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**THIS FORM IS ONLY TO BE USED WHEN SIGNING ON TO AN EXISTING PERMIT APPLICATION. ALL FIELDS ARE REQUIRED.**

A/P #: \_\_\_\_\_ Parent A/P #: \_\_\_\_\_

Job Location: \_\_\_\_\_

Scope: \_\_\_\_\_

Contract Value: \$ \_\_\_\_\_

## CONTRACTOR INFORMATION:

Contractor/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Print Name: \_\_\_\_\_

Original Signature: \_\_\_\_\_

Virginia Contractors License #: \_\_\_\_\_

License Class: \_\_\_\_\_ License Specialty: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

By signing above, I certify that (1) I am duly licensed under the Virginia Code to perform the work completed by this application, and/or (2) I am authorized by the contractor stated above to sign on behalf of the contractor, which is duly licensed to perform the work contemplated by this application.

**A SEPARATE AFFIDAVIT IS REQUIRED FOR EACH APPLICATION.**