

CHRIS D. LUDLE
Service Director



EUFRANCIA LASH
Deputy Director

DANIEL HARRIGAN
Mayor

DEPARTMENT OF PUBLIC SERVICE
Plans & Permits Center
1030 E Tallmadge Avenue
Akron, OH 44310
(330) 375-2010

Sub-Contractor List Affidavit

STATE OF OHIO)
) SS.
COUNTY OF _____)

Property/ Project Located at: _____, Akron, Ohio _____
(Street Address) (Zip Code)

The undersigned, being duly sworn, deposes and states that

1. I _____ am the authorized representative of the Contractor _____ and the permit holder of the Property/Project listed above.
2. I accept full responsibility for the installation and work performed on the Property/Project, including all work by my sub-contractors, which shall be in complete conformity to all current ordinances and regulations adopted by the County of Summit and the City of Akron.
3. I represent the attached List of Sub-Contractors is complete and accurate and that I will provide updated information of all sub-contractors that change or are added during this project.

CONTRACTOR:

SUBSCRIBED AND SWORN TO BEFORE
ME ON _____, 2020_

_____ (NOTARY PUBLIC)

Any misrepresentation on this affidavit will subject the signing party to potential fines under Section 190.405 of the Code of Ordinances of the City of Akron, Ohio

List of Sub-Contractors

Company Name/ Trade _____ Company Contact _____ Contact Info: Phone: _____ Email: _____ Address: _____ City: _____ Zip: _____ General Scope of Work:	Company Name/ Trade _____ Company Contact _____ Contact Info: Phone: _____ Email: _____ Address: _____ City: _____ Zip: _____ General Scope of Work:
Company Name/ Trade _____ Company Contact _____ Contact Info: Phone: _____ Email: _____ Address: _____ City: _____ Zip: _____ General Scope of Work:	Company Name/ Trade _____ Company Contact _____ Contact Info: Phone: _____ Email: _____ Address: _____ City: _____ Zip: _____ General Scope of Work:
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Company Name/ Trade _____ Company Contact _____ Contact Info: Phone: _____ Email: _____ Address: _____ City: _____ Zip: _____ General Scope of Work:	Company Name/ Trade _____ Company Contact _____ Contact Info: Phone: _____ Email: _____ Address: _____ City: _____ Zip: _____ General Scope of Work: