



GRANVILLE COUNTY INSPECTIONS

DEPARTMENT

122 WILLIAMSBORO STREET, P.O. BOX 877
OXFORD, NC 27565

Email To: kelley.hightower@granvillecounty.org

Sub Contractor Sign Off Form

Contractor Name: _____

License #: _____

I, _____, will be doing

or did _____ work on the following

permits:

Permit # _____

Address:

License Holder Signature

County, North Carolina

I certify that _____ personally appeared before me this _____ day
of _____, _____ acknowledging that he or she signed the foregoing document.

Notary Public Signature

Printed Name

Commission expires: _____