



**TOWN OF WINTERVILLE INSPECTIONS  
DEPARTMENT**

2936 CHURCH ST.

P.O. BOX 1459

WINTERVILLE, NC 28590

PHONE - 252-215-2419 FAX – 252-756-6647

**ALLOWANCE OF GENERAL CONTRACTOR TO ACT ON BEHALF OF SUB-CONTRACTORS  
(FOR RESIDENTIAL PROJECTS ONLY)**

I, \_\_\_\_\_  
**(Print Sub-Contractor's Full Name)**

**(Please Initial All Applicable Items Below)**

of \_\_\_\_\_  
**(Company Name)**

Hereby allow \_\_\_\_\_  
**(Print General Contractor's Full Name)**

\_\_\_\_\_ 1. Obtain permits under my license for project in which only they are the general contractor;

\_\_\_\_\_ 2. Call in inspection on behalf of my company, in which only they are the general contractor, which I am responsible for all violations and related fees;

\_\_\_\_\_  
(Signature of Sub-Contractor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of General Contractor)

\_\_\_\_\_  
(Date)

Sworn to (or affirmed) and subscribed before me

This the \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires: \_\_\_\_\_

(Notary Stamp or Seal)