



COMMUNITY DEVELOPMENT DEPARTMENT

1369 4TH AVE, AUBURN, GA 30011

P: 770-963-4002

www.cityofauburn-ga.org

HOMEOWNER AFFIDAVIT

The undersigned hereby applies for consideration as a property owner desiring to perform construction on his/her residence. In making this request for a "homeowner" permit, the undersigned states the following to be true:

1. Applicant resides or intends to reside on premises. Property described in permit application is currently owned by applicant. Applicant has not made a previous Homeowner Declaration where he/she has failed to reside at the premises thereafter.
2. Applicant will serve as the building contractor and accept inherent responsibilities for the work authorized by the approved permit.
3. Applicant agrees to hire properly licensed contractors for work that is further sub-contracted. All plumbing, electrical and HVAC work will require separate sub-contractor forms, including work performed by applicant in lieu of licensed contractors.
4. Applicant agrees to perform all work in accordance with all applicable codes and strictly adhere to the inspection requirements. The undersigned acknowledges that all required inspections must be performed in an established sequence and that any work done in violation of the codes must be corrected or may be ordered to be removed.
5. Applicant acknowledges that he/she is aware that a permit issued under the provisions of the code may be revoked for false statements or misrepresentation as to the material fact in the application on which the permit was based.
6. Applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 1610-71(False Swearing).

PROPERTY ADDRESS: _____

TYPE OF WORK TO BE PERFORMED:

CHECK ALL THAT APPLICANT IS RESPONSIBLE FOR:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Low Voltage |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Building |
| <input type="checkbox"/> Other: _____ | |

APPLICANT SIGNATURE: _____

DATE: _____