



Community Development & Regulatory Affairs - Development Services
5440 Fulton Industrial Blvd, South Fulton, GA 30336
www.cityofsouthfultonga.gov email: permits@cityofsouthfultonga.gov
470.809.7200 option 1

HOMEOWNER AFFIDAVIT

This form must be completed, signed, notarized, and submitted to the Development and Community Services Department prior to permit issuance and any inspections associated with building electrical, plumbing, and/or mechanical work.

Subdivision _____ Lot _____ Address _____

Owner's Name _____

Owner Email Address: _____ Owner Phone No: _____

THIS IS TO CERTIFY THAT I AM THE HOMEOWNER FOR THE ABOVE REFERENCED PROPERTY, THAT I WILL OCCUPY THE HOME AND IT WILL NOT BE OFFERED FOR SALE FOR A PERIOD OF AT LEAST TWO(2) YEARS PER O.C.G.A. 43-41-17(h) AND THAT I AM AWARE OF AND WILL FOLLOW ALL STATE AND LOCAL BUILDING CODES FOR THE BELOW REFERENCED JOBS THAT I AM COMPLETING ON PROPERTY THAT I OWN:

PLUMBING _____ ELECTRICAL _____ MECHANICAL _____ BUILDING _____

IN THE EVENT OF ANY CHANGE IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.

I, the undersigned, do hereby understand that I may not hire another individual or firm to hire sub-contractors without that party being licensed as required by the State and further securing any additional required permits.

I further agree to build in accordance with applicable codes and strictly adhere to the inspections as required by the jurisdiction. Undersigned acknowledges that inspections must be performed in an established sequence as required by the jurisdiction and that work done in violation of the building codes must be corrected or may be ordered removed.

Furthermore, I acknowledge that I am aware that a permit issued under the provisions of the code may be revoked for false statements of misrepresentations as to the material fact in the application on which the permit was based.

PRINT NAME _____ SIGNATURE _____

Sworn to and subscribed before me this _____ day of _____, 20 _____

NOTARY PUBLIC, STATE OF GEORGIA
MY COMMISSION EXPIRES: _____