ARCHITECT'S
DESIGN AFFIDAVIT
CITY OF BUFORD, GEORGIA

Project Name:_____

Building Address:_____

Building Owner:_____

I,_____, being a licensed professional architect in the State of Georgia, do certify and affirm that the architectural requirements for the above referenced project were designed under my supervision and, in my opinion, are in conformance with the applicable requirements of **Section 1315** or **Section 1316** of the **City of Buford Zoning Ordinance.**

By: _____
Professional Architect of Record

_____ Professional Seal
Printed Name

_____
Date

The forgoing document was sworn to me this ____ day of _____, 20____.

_____
Notary Public Signature