Related Permit(s):

CITY OF MADISON HEIGHTS
COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT

HOMEOWNER AFFIDAVIT TO OBTAIN PERMITS

Property Address _____ Parcel ID 44-25-_____

The undersigned hereby represents that property described herein is, or will be upon completion, his or her bona fide residence, that he or she will occupy same upon completion as his/her principal residence, and that no part of such residence will be used for rental purposes for one year, nor is such property contemplated for sale within one year of completion.

The undersigned further represents that he/she is fully aware of the requirements of the Building Code of the City of Madison Heights, the Zoning Ordinance of the City of Madison Heights, and all of the ordinances and laws pertaining to the proposed work and has the knowledge and expertise to complete the work covered by the permit.

In signing this affidavit and the associated permit application(s), the undersigned agrees:

1. To pay all fees required for the associated permit(s).
2. To do all of the work on the associated permit(s) himself or herself, or to make the installation himself or herself, in accordance with the above-referenced codes and ordinances and not to allow any other person or firm to do such work unless that person or firm holds a valid Michigan builders or maintenance and alteration contractors license and is registered with the City of Madison Heights as a contractor; for electrical, plumbing, and mechanical work, a contractor hired by the homeowner must obtain their own permit(s).
3. To apply for inspections as required by the above codes, ordinances, and permits and to keep all work and installations exposed until approved by this Department; and to correct all deficiencies in a timely manner.
4. Not to occupy, in any way, any building area not covered by a valid Certificate of Occupancy.
5. To fully comply with all the codes, ordinances, and regulations of the City of Madison Heights.

Owner's Name _____ Driver's License # _____

Address _____ City, State, ZIP _____

Date of Birth _____ Phone Number _____ Email _____

Owner's Signature _____ Date _____

Notary Stamp

Notary Signature _____

Notary Printed Name _____

Notary Public, State of Michigan, County of _____

My Commission Expires _____

Acting in the County of _____