



**TWO
RIVERS**
WISCONSIN

**INSPECTIONS, ZONING
& PLANNING**



1717 E. Park Street
P.O. BOX 87
Two Rivers, WI 54241-0087

Affidavit for Owner Occupied General Contractor

Project Address: _____

Homeowner Name: _____

Phone Number: _____

Pursuant to Wisconsin Administrative Code SPS 320.09: Any municipality exercising jurisdiction may require reasonable supplementary information not contained on the Wisconsin building permit application.

Pursuant to Wis. Stats 101.65(1)(1m), a state uniform building permit may not be issued to a person unless the person holds a dwelling contractor certification, dwelling contractor restricted certification, dwelling financial responsibility certification, or a dwelling contractor financial responsibility restricted certification credential issued by the Department of Safety and Professional Services. Stat 101.654(1)(a).

Wis. Stats 101.654(1)(b) exempts an owner of a dwelling who resides or will reside in the dwelling and who applies for a building permit to perform work on the dwelling from obtaining a dwelling contractor financial responsibility registration.

I hereby attest, affirm, acknowledge, and agree to the following:

1. I am the owner of the property at the address given above on which the building project is being constructed.
2. The subject property is a one- or two-family dwelling and has no nonresidential use. If it is a one family dwelling, it is or will be my primary residence upon completion of the project. If it is a two-family dwelling, the portion of it on which the project is being constructed is or will be my primary residence upon completion of the project.

over



www.two-rivers.org



920.793.5566



920.793.5512





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3. I will personally supervise and manage all aspects of the construction of the building and will not delegate this duty to any other person who is not a licensed general contractor.

4. This affidavit is made in support of an application for a building permit for the property at the above address.

Owner's Signature: _____ **Date:** _____

STATE OF WISCONSIN
MANITOWOC COUNTY

Personally came before me this _____ day of _____, 2026, the above named
_____ and to be the person(s) who executed the foregoing instrument and acknowledge
the same.

Notary Public, Manitowoc County, Wisconsin

My commission expires: _____



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920.793.5512