



City of South Fulton  
Community Development and Regulatory Affairs Permitting Division  
5440 Fulton Industrial Blvd  
Atlanta, Georgia 30336  
470.809.7200  
www.cityofsouthfultonga.gov

## HOMEOWNER AFFIDAVIT

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

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_

Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

**THIS IS TO CERTIFY THAT I AM THE HOMEOWNER FOR THE ABOVE REFERENCED PROPERTY, 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 \_\_\_\_  
**ALL TRADES MUST BE PERFORMED BY A LICENSED CONTRACTOR**

**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 subcontractors 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 the work done in violation of the building codes must be corrected or may be ordered removed.

Further, 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.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
**NOTARY PUBLIC, STATE OF GEORGIA  
MY COMMISSION EXPIRES:**