



**BUTTS COUNTY PLANNING & DEVELOPMENT
DEPARTMENT**

625 West Third Street, Suite 3 ~ Jackson, Georgia 30233 Office
770-775-8210 ~ Fax 770-775-8225
www.buttscountyga.com

HOMEOWNER AFFIDAVIT

NOTICE: The Building Department will only issue a permit to either a licensed contractor or to the **owner-occupant** of a residential property pursuant to OCGA 43-41-17 (c)(2)(h). This form must be completed, signed, notarized and submitted to the Building Department before a permit will be issued.

All information requested on this form is mandatory:

Jobsite Address: _____

Parcel ID: _____

Homeowner's Name: _____ **Phone:** _____

Description of Work:

This is to certify that I am responsible for the:

- BUILDING MECHANICAL
- ELECTRICAL LOW VOLTAGE
- PLUMBING/GAS

I certify that I have a working knowledge of all construction codes and ordinances adopted by the county relating to this project. In the event there is a change in my status on this project, I understand that I will be held responsible for all indicated work at this job until the Building Inspections Department has been notified, in writing, of any change. I understand that this permit may be revoked for false statements or misrepresentation as to the material fact in the permit application on which this permit was based. I affirm that I understand the state laws set forth by O.C.G.A. 43-41-17. I further agree to indemnify the City and its operator from any liability for damages and loss of property if the work performed has not been installed in accordance with the applicable construction codes and ordinances.

SIGNATURE / DATE: _____ / _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Signature of Notary Public _____



OFFICE USE ONLY

	CLASS	PERMIT	DATE OBTAINED
DATE SUBMITTED ____ / ____ / ____	BUILDING		
	ELECTRICAL		
	MECHANICAL		
	PLUMBING		