HOMEOWNER NEW CONSTRUCTION PERMIT AFFADAVIT

CITY OF RINCON, GEORGIA
Building and Zoning Department
(912) 826-5996 P / (912) 826-2083 F
www.cityofrincon.com

Property Address_____ **Permit No.** _____

Type of Permit _____ Electrical _____ Mechanical/HVAC _____ Plumbing _____ General Building

The undersigned hereby applies for special consideration as a property owner desiring to build his/her personal residence. In making this request for a "homeowner" permit, the undersigned states the following to be true.

- Applicant intends to reside in completed structure and does not plan to offer same for sale or rent.
- Property described in permit application is currently owned by the applicant.
- Applicant will serve as the general contractor and accept inherent responsibilities for the work authorized by the issued permit.
- Applicant agrees to hire properly licensed contractors for any work that is further sub-contracted. All electrical, mechanical, and plumbing work will be separately permitted.
- Applicant agrees to build in accordance with all applicable codes and strictly adhere to the inspection schedule. Undersigned acknowledges that inspections must be performed in an established sequence and that work done in violation of the codes must be corrected or may be ordered removed.

Applicant acknowledges that he/she is aware that a permit issued under the provisions of the code may be revoked for false statements or misrepresentations as to the material fact in the application on which the permit was based.

Applicant further acknowledges that he/she is aware that any knowingly false statements made in the permit application will subject said applicant to possible prosecution. Georgia Criminal Code, Section 26-2402 (False Swearing) calls for a possible fine of not more than $1,000 or imprisonment for not less than one (1) or more than five (5) years, or both.

Upon submission, this affidavit becomes part of the actual permit.

Applicant's Signature_____ **Date** _____

Sworn and subscribed before me this _____ day of _____, 20_____.

_____
Notary Public, State of Georgia

FOR OFFICE USE ONLY

Accepted by_____ **Date** _____