

Greene County Building and Zoning Department



COMMERCIAL
PERMIT AFFIDAVIT

Chuck Wooley
Building Official

1034 Silver Dr., Ste 103, Greensboro, GA 30642 Telephone - (706) 453-3333 - FAX (706) 453-2579
www.greenecountyga.gov/building

Name: _____ Date: _____

Construction Address: _____ Phone Number: _____

This permit is for: New Building Addition/Renovation Other: _____

Work Description: _____

I, the undersigned property owner, certify the following to be true and accurate:

_____ Initial. I hold the title to the above property (building and land) and the public does NOT have access to the interior of the building . If this does not apply to you STOP . You must hire a licensed General Contractor.

_____ Initial. I plan on doing and/or overseeing all construction , materials , and any labor on my construction project. I am not purchasing this permit for a contractor.

_____ Initial. I understand that as owner /builder , I must abide by all zoning ordinances and building regulations in effect at the time of the permit application.

_____ Initial. I have a copy of the adopted current copy of the *International Building Code and Georgia State Amendments*. There is a copy of the code in this office for your review, but we cannot provide you a personal copy. It can also be found online at www.upcodes.com

_____ Initial. I understand that the Building Official and department are not there to design, alter, or give advice on how to meet the applicable building codes, rather, only if the construction project meets the minimum building codes.

_____ Initial. It is up to the design professional (if applicable) and the owner/builder to make sure that the project meets the plans and specifications of the project. The building department will only inspect the minimum building codes.

_____ Initial. I understand that as owner /builder , any contract disputes that arise with labor , subcontractors, or material suppliers, must be handled in a civil court with the advice of an attorney.

_____ Initial. I understand that if I compensate any person or company for work performed, it is my responsibility as owner/builder contractor to make sure they have the applicable licenses, insurance, permits and inspections.

_____ Initial. I understand that if any person gets injured on my construction project , they are entitled to worker's compensation according to state and federal laws . If they do not possess a worker's compensation policy , I could be held liable for all doctors ' bills and related cost from the injury, including loss wages during recovery.

Date

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

Applicant Name (Print)

Signature & Seal of Notary Public

Applicant Signature

Commission Expires