



Greene County Building Inspection Division

HOMEOWNER PERMIT AFFIDAVIT

Chuck Wooley
Director of Building, Zoning and Project Management
1034 Silver Dr., Ste 103, Greensboro, GA 30642 - (706) 453-3333 FAX (706) 453-2579
www.greencountyga.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 EACH ITEM

_____ I understand that as the owner/builder it is my responsibility to schedule, any and all, required inspections.

_____ 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.

_____ 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.

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

_____ I understand that the Director of Building, Zoning and Project Management and his/her 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.

_____ 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.

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

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

_____ 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 doctor's 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