



**HOMEOWNER ALTERATION OF EXISTING STRUCTURE
 PERMIT AFFIDAVIT**

- INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA –
 (Note: An incomplete application may delay the approval process.)

STATE OF GEORGIA
 County of Ware
 City of Waycross

Permit Number: _____

PROPERTY ADDRESS: _____ BLOCK: _____ LOT: _____

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

- Applicant resides in structure.
- 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 perform work 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 misrepresentation** 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 \$1,000.00 or imprisonment for not less than one (1) nor more than five (5) years, or both.

UPON SUBMISSION, THIS AFFIDAVIT BECOMES PART OF THE ACTUAL PERMIT.

Applicant’s Signature: _____ Date: _____

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

 Notary Public
 State of Georgia

FOR OFFICE USE ONLY

Accepted by: _____ Date: _____ Permit #: _____

After completion, make one copy for the Applicant, and attach a copy to the original Permit Application for the file.