

**City of Sky Valley
Development Department**

Permits & Inspections
3444 Highway 246
Sky Valley, GA 30537

Phone: 706-746-2204
Fax: 706-746-5893
Email: skyvalleycode@windstream.net

HOMEOWNER AFFIDAVIT

NOTICE: The City of Sky Valley will only issue a permit to either a licensed contractor or to the owner-occupant of a residential property. This form must be completed, signed, notarized and submitted to the Development Department before a permit will be issued. **NOTE:** Georgia State Law requires that the owner must occupy the structure for 2 years after all new construction.

All information requested on this form is mandatory:

Jobsite Address: _____

Subdivision: _____ **Lot #** _____

Homeowner's Name: _____

Phone: _____ **Fax:** _____ **Email:** _____

Description of work: **New Construction** **Addition/Expansion of existing footprint**
 Replacement **Alterations - Interior _____ Exterior _____**

This is to certify that I am responsible for the:

Building **Mechanical** **Electrical**
 Low Voltage **Plumbing** **Other _____**

I certify that I own and reside at this job address. I have working knowledge of all construction codes and ordinances adopted by the City of Sky Valley 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 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 further agree to indemnify the City of Sky Valley and its employees from any liability for damages and loss of property if the work performed has not been installed in accordance with the construction codes and ordinances.

I understand that I may act as my own contractor personally providing direct supervision and management of all work not performed by licensed contractors. Further, I understand that I may not delegate the responsibility to directly supervise and manage all or any part of the work relating thereto to any other person unless that person is licensed under Georgia law and the work being performed is within the scope of that person's license

SIGNATURE: _____ **DATE:** _____

Sworn to and subscribed before me,
This _____ day of _____, 20 _____

(Notary Public – Please notarize with official seal)