

**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:

<input type="checkbox"/> New Construction	<input type="checkbox"/> Addition/Expansion of existing footprint
<input type="checkbox"/> Replacement	<input type="checkbox"/> Alterations - Interior _____ Exterior _____

This is to certify that I am responsible for the:

<input type="checkbox"/> Building	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical
<input type="checkbox"/> Low Voltage	<input type="checkbox"/> Plumbing	<input type="checkbox"/> 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)