



# MACON-BIBB COUNTY BUSINESS DEVELOPMENT SERVICES

200 Cherry Street, Suite 202  
Macon, GA 31201  
(478) 803-0470

## HOMEOWNER-OCCUPANT AFFIDAVIT

THIS FORM MAY ONLY BE USED BY THE OWNER OF A SINGLE FAMILY RESIDENCE  
RESIDING IN THE RESIDENCE.

**NOTICE:** This form must be completed, signed and submitted to the Department of Business Development Services before a permit or Certificate of Occupancy will be issued. All information requested on this form is mandatory.

**Project Address:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot/Unit#:** \_\_\_\_\_

This is to certify that I am responsible for the following Trades:

- |                                      |                                   |                                       |
|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Electrical  | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical   |
| <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Building | <input type="checkbox"/> Other: _____ |

I certify that I have and will comply with all codes and ordinances adopted by Macon-Bibb County that pertain to the construction of this structure. I further agree to indemnify Macon-Bibb County and its operator from any liability for damages and loss of property if the work performed has not been installed in accordance with these codes and ordinances. I hereby affirm that I am conducting this work on property that I own and upon completion, this building/structure will be occupied solely by myself, my family, my firm or corporation and its employees and shall not be for the use of the general public and I have no current intent to offer the property for sale or lease.

Further, I hereby affirm that I have not sold or transferred a building or structure that I have constructed while acting as a contractor within the prior 24 months. I further understand that any falsification of the above statements may constitute fraud and result in cancellation of this permit and other possible penalties. Please note if you are not able to safely construct your project, you will be required to hire a licensed contractor to complete the project.

**Homeowner-Occupant Acting As Contractor (Print Name):** \_\_\_\_\_

**Homeowner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
MY COMMISSION EXPIRES

FOR OFFICE USE ONLY

Processed By:	Date:	Building Permit #:
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