



Department of
CITY PLANNING

Office of Buildings
55 Trinity Avenue
3rd Floor, Suite 3900
Atlanta, Georgia 30303
Tel: 404.330.6150

HOMEOWNER'S AFFIDAVIT FORM

Please select the type of Permit: Mechanical Electrical Plumbing Building

FULTON COUNTY, GEORGIA

CITY OF ATLANTA

Before me personally appeared _____,
(Homeowner)

who on oath deposes and says that he/she is the bonafied legal owner of the property located at _____, City of Atlanta, Georgia. That said property is zoned and will be used as a single-family residential structure and is to be used as his/her personal place of residence for a minimum period of 12 months after completion of work as described on the Permit Application. He/she further deposes he/she will personally complete all Electrical, Plumbing, HVAC, or Building Construction work authorized on the selected Permit.

Signature

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

Notary Public seal and signature