



**STEPHENS COUNTY BUILDING DEPARTMENT
RESIDENTIAL BUILDING AFFIDAVIT**

Stephens County Building Department
802 E. Doyle Street Toccoa, GA 30577
Phone: 706-898-5750 Email: scpermits@stephenscountyga.gov

Property Address: _____ **Parcel Number:** _____

Owner/Applicant Name: _____

This affidavit is required when a property owner is acting as the contractor for construction, alteration, or repair of their own residence.

By signing this affidavit, the undersigned affirms the following:

1. I am the owner of the property listed above.
2. I intend to personally supervise and perform the construction work authorized by the building permit.
3. I understand that I may not hire an unlicensed contractor to perform work that requires a Georgia contractor's license.
4. If I choose to hire subcontractors for electrical, plumbing, HVAC, or other licensed trades, those subcontractors must hold valid licenses issued by the State of Georgia.
5. I understand that I am responsible for ensuring that all construction complies with the Georgia State Minimum Standard Building Codes and all applicable county regulations.
6. I understand that inspections must be completed in the required sequence and that work found to be in violation of applicable codes may be required to be corrected or removed.
7. I understand that a residence built under a homeowner permit may not be offered for sale for a period of twenty-four (24) months, in accordance with O.C.G.A. §43-41-17.
8. I acknowledge that providing false information on this application may result in permit revocation and may subject me to penalties under Georgia law.

Applicant Signature: _____ **Date:** _____

NOTARY

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

Notary Public: _____

My Commission Expires: _____