



OWNER BUILDER AFFIDAVIT

Building Department

25 LaGrange Street
Newnan, GA 30263
Ph. 678-673-5413 Fax 770-254-2361
Email—permits@newnanga.gov



Project Address _____

Owner's Name _____

The City of Newnan, in an attempt to satisfy requests from owners to perform work on owner-occupied property and in considering the safety and welfare of the general public, ask that you read and agree to each of the following statements before receiving a permit.

Please initial each statement acknowledging the following:

1. As an owner-builder I must abide by all zoning ordinances in affect at the time of the permit application _____.
2. All construction must be in accordance with the construction codes at time of permitting as defined and adopted by the State of Georgia Dept. of Community Affairs _____.
3. As General Contractor for this project, I am to phone in all inspections before cover-up _____.
4. The City of Newnan nor the Building Department will not mitigate any contract disputes that may arise with sub-contractors _____.
5. Any compensated person or company for work performed are required to have a business license, and HVAC, Plumbing, and Electrical contractors are to pull their own permits _____.
6. Employed persons injured on this project are entitled to workers compensation benefits _____.
7. This structure is not intended to be used by the general public nor offered for sale or lease, and I have not acted as a general contractor and any real property in the State of Georgia which has been sold or leased in the previous 24 months _____.
8. I understand that a Certificate of Occupancy, or Certificate of Completion, will not be issued until all applicable departments have conducted and passed their respective final inspections _____.

I hereby certify that I am the owner occupant, have read, understand and initialed the above statements.

Signature of Owner Occupant

Date