

STATE OF GEORGIA

## CITY OF WAYCROSS, GEORGIA **DEPARTMENT OF COMMUNITY IMPROVEMENT**

P. O. Drawer 99 – 417 Pendleton Street – Waycross, GA 31502-0099 Tele (912) 287-2944 – Fax (912) 287-2948 – <a href="https://www.waycrossga.com">www.waycrossga.com</a>

Permit Number: \_\_

## HOMEOWNER ELECTRICAL/MECHANICAL/PLUMBING PERMIT AFFIDAVIT

- INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) ALL REQUESTED DATA – (Note: An incomplete application may delay the approval process.)

County of Ware City of Waycross			
PROPERTY ADDRESS:	BI	LOCK:	LOT:
The undersigned hereby applies for special consideration making this request for a "homeowner" permit, the under	1 1 V	•	er personal residence. In
• Applicant resides/intends to reside in completed structure and does not plan to offer same for sale or rent.			
<ul> <li>Property described in permit application is currently owned by the applicant.</li> </ul>			
<ul> <li>Applicant will serve as the general contractor and accept inherent responsibilities for the work authorized by the issued permit.</li> </ul>			
<ul> <li>Applicant agrees to hire properly licensed contractors for any work that is further sub-contracted. All electrical, mechanical and plumbing work will be separately permitted.</li> </ul>			
<ul> <li>Applicant agrees to perform work in accordance with all applicable codes and strictly adhere to the inspection schedule. Undersigned acknowledges that inspections must be performed in an established sequence and that work done in violation of the codes must be corrected or may be ordered removed.</li> </ul>			
Applicant acknowledges that he/she is aware that a permi false statements or misrepresentation as to the material			
Applicant further acknowledges that he/she is aware that will subject said applicant to possible prosecution. Georg possible fine of not more than \$1,000.00 or imprisonment	a Criminal Code, Section	26-2402 (False	Swearing) calls for a
UPON SUBMISSION, THIS AFFIDAVIT BECOMES PART OF TH	E ACTUAL PERMIT.		
Applicant's Signature:		Date:	
Sworn to and subscribed before me this da	ay of		, 20
Notary Public State of Georgia			
.FOR OFFICE USE ONLY			
Accepted by:			Permit #:
After completion, make one copy for the Applicant, a	nd attach a copy to the origi	inal Permit Applica	ation for the file.