

City of Fort Oglethorpe

Building Department 500 City Hall Drive Fort Oglethorpe, Georgia 30742 706-866-2544 ext. 1200

Homeowner Affidavit

DATE:/
PROPERTY ADDRESS:
☐ I, hereby verify that I am acting as my own General Contractor, which does not require me to have a General Contractor's License and that the permit I am obtaining is solely for occupancy or use by my personal family. Furthermore, I agree to live in or own the structure for a period no less than two (2) years.
□ I, hereby acknowledge that I am the owner of the property listed above and intend to live in and occupy and use the structure within which I am having the utility service connected (electrical, and/or gas) as my residence. I further acknowledge that by acting as my own contractor, I am responsible for ensuring any work done to the premises shall conform to the O.C.O.F.O. Sec. 18-51.
I understand if I employ anyone to aid or assist in any work relating to the installation or connection of electrical, plumbing, conditioned air, or gas and/or labor, that said person shall have in his/her possession, a valid state license from the State Construction Industry Licensing Board for said described work, and said described work shall be permitted by the Building Inspection Department, according to City Ordinance.
I accept full and complete responsibility for my actions in the installation of said electrical, plumbing, conditioned air or gas work; and shall hold harmless the City of Fort Oglethorpe Mayor, Council, all of its employees, including but not limited to the City of Fort Oglethorpe Building Inspection Department, from all claims resulting from said permit action.
Applicant further deposes he/she is aware that any knowing false statement made in the permit application will subject said applicant to prosecution for violation of Georgia Criminal Code, Section 26-2402 (false swearing) and a possible fine of not more than \$1,000.00, imprisonment for less than one (1) year, nor more than four (4) years or both.
Print Name:
Signature: