**Logo

Description automatically generatedCITY OF LOOKOUT MOUNTAIN, GA**   
1214 LULA LAKE ROAD, LOOKOUT MOUNTAIN, GA 30750  
Office: 706-820-1586  
Fax: 706-820-0138

**Homeowner Affidavit   
Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  
\*\*\*If homeowner wishes to waive the use of licensed trades, this form must be completed.**-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Homeowner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Property Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Builder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I HEREBY CERTIFY THAT I AM THE HOMEOWNER AND LIVE IN THE ABOVE REFERENCED PROPERTY. I PLAN TO REMAIN HERE FOR A MINIMUM OF 24 MONTHS FROM COMPLETION. I AM AWARE OF AND WILL FOLLOW ALL STATE AND LOCAL BUILDING CODES FOR THE JOB ASSOCIATED WITH THE BUILDING PERMIT LISTED ABOVE.   
  
IN THE EVENT OF ANY CHANGE IN MY STATUS AT THE PROPERTY, I UNDERSTAND I WILL BE RESPONSIBLE FOR THE JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE.**

***This form must be completed, signed, and submitted to the building department prior to any inspections.***