HOMEOWNER NEW CONSTRUCTION PERMIT AFFIDAVIT

Lincoln County Georgia
Department of Planning and Zoning
Code Enforcement Office

State of Georgia



STATE OF GEORGIA	Permit Number:
County of Lincoln	
PROPERTY ADDRESS:	
Map:	Parcel:
REPAIR, RENOVATE, ENLARGE OR	IES FOR SPECIAL CONSIDERATION AS A PROPERTY OWNER DESIRING TO BUILD HIS/HER PERSONAL RESIDENCE. IN MAKING THIS REQUEST FOR ATES THE FOLLOWING TO BE TRUE:
Applicant intends to reside in com	pleted structure for 2 years and does not plan to offer same for sale or rent.
Property described in permit appli	cation is currently owned by the applicant.
Applicant will serve as the genera issued permit.	contractor and accept inherent responsibilities for the work authorized by the
electrical (except for temporary serv	licensed contractors for any work that is further sub-contracted. All (trade) ice), mechanical and plumbing work may be required to be separately tregister with the county and pull their own Permit.
Undersigned acknowledges that insp violation of the codes must be correct	dance with all applicable codes and strictly adhere to the inspection schedule. ections must be performed in an established sequence and that work done in ted or may be ordered removed. Applicant further agrees and understands that eved plans must be approved prior to implementation.
performing any and all necessary and	ment Office the Right of Entry to the Property/Structure for the purpose of d required inspections of all work related to the Permit. Inspections shall be ours of the department unless prior arrangements are made with the owner.
for false statements or misrepreser Applicant further acknowledges that application will subject said applicar	is aware that a permit issued under the provisions of the code may be revoked atation as to the material fact in the application on which the permit was based he/she is aware that any knowingly false statements made in the permit at to possible prosecution. Georgia Criminal Code, Section 26-2402 (False not more than \$1,000.00 or imprisonment for not less than one (1) or more
UPON SUBMISSION, THIS AFFIDAVIT BECOMES	PART OF THE ACTUAL PERMIT.
APPLICANT'S SIGNATURE:	Date:
Sworn to and subscribed before me t 20	his,
Notary Public	