



Department of  
**CITY PLANNING**

Office of Buildings  
55 Trinity Avenue  
3<sup>rd</sup> Floor, Suite 3900  
Atlanta, Georgia 30303  
Tel: 404.330.6150

**HOMEOWNER'S AFFIDAVIT FORM**

Please select the type of Permit:  Mechanical     Electrical     Plumbing     Building

Building Permit Number (if applicable): \_\_\_\_\_

FULTON COUNTY, GEORGIA

CITY OF ATLANTA

Before me personally appeared \_\_\_\_\_,  
(Homeowner)

who on oath deposes and says that he/she is the bonafied legal owner of the property located at \_\_\_\_\_, City of Atlanta, Georgia. That said

property is zoned and will be used as a single-family residential structure and is to be used as his/her personal place of residence for a minimum period of 12 months after completion of work as described on the Permit Application. He/she further deposes he/she will personally complete all Electrical, Plumbing, HVAC, or Building Construction work authorized on the selected Permit.

\_\_\_\_\_  
**Signature**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Notary Public seal and signature**