

CITY OF DUBLIN

Building Standards • 5800 Shier Rings Road • Dublin, Ohio 43016

Phone: (614) 410-4670 • Inspection Line: (614) 410-4680

HOMEOWNER AFFIDAVIT

Homeowner: _____ Phone Number: _____

Address: _____

By signing this affidavit, I do hereby swear and/or affirm that I am the Owner and occupant of the single-family dwelling located at the above address. I am making application for a Permit. If granted **I WILL PERSONALLY PERFORM THE WORK ASSOCIATED WITH THIS PROJECT, OR CONTRACT ONLY WITH A CONTRACTOR REGISTERED WITH THE CITY OF DUBLIN.** I understand I am personally responsible to assure all work performed under the permit is compliant with all related building codes and ordinances of the City of Dublin.

I UNDERSTAND VIOLATION OF THE TERMS OF THIS AFFIDAVIT ARE A BASIS FOR REVOKING THE PERMIT, AND PROSECUTION OF ANY PARTY INVOLVED.

Sworn to and subscribed before me this _____ day of _____, 201____.

Homeowner _____ Notary _____