



DIVISION OF BUILDING STANDARDS

HOMEOWNER AFFIDAVIT

5800 Shier-Rings Road Dublin, Ohio 43016

Phone: (614) 410-4670

Inspection Line: (614) 410-4680

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. As prescribed by Chapter 150.140-150.146 of the Codified 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 _____, 20____

Homeowner: _____ **Notary:** _____

