Fire, Building & Life Safety Department

Ashland City Fire, Building & Life Safety Department

101 Court Street
Ashland City TN 37015
Fire & Life Safety: (615) 792-4531 – Building Codes (615) 792-6455

HOMEOWNER BUILDING PERMIT AFFIDAVIT

Name:_____

Address:_____

City:_____ Zip:_____ Phone:_____

Description of work to be performed:_____

_____

Valuation of work (labor and materials): $_____

1. I verify that the above address is my primary residence, that I am the owner of the property, and that I am applying for a homeowner building permit to do the above described work at this location. Additionally, I verify that I have not applied for a permit of this type within the last two (2) years.
2. I certify that I live or intend to live in this single-family residence that I am constructing or altering at this address and I am not doing so with the intent to sell, rent or lease this property or dwelling.
3. I verify that I a not hiring a construction manager to oversee the work described above and I understand that by obtaining a homeowner building permit, I will be acting as my own "general contractor" on this project. As such I understand that I will be personally responsible for the coordination of all phases of the construction, workmanship and materials on the site, and for ensuring that all work complies with all applicable State and City codes.
4. I certify that I will perform all the work for which the building permit is issued, except as otherwise noted in the permit application. In the event that I choose to hire someone else to perform any plumbing, mechanical or gas work, I understand that such subcontractors must be licensed by the State and must obtain a separate permit in the contractor's name from the Codes Department.
5. I understand that any electrical work MUST be performed by a contractor licensed by the state who must obtain a separate electrical permit from the Codes Department
6. I acknowledge that I have received information from the Building Codes Department outlining the procedures for scheduling inspections.
7. I declare that I have read the foregoing, that all information included in this application is true, complete and accurate and that invalid information can constitute fraud, subject to permit revocation and legal action, including but not limited to a loss of my certification of occupancy or demolition of the entire structure at my cost.

Signature:_____ Date:_____

STATE OF TENNESSEE
COUNTY OF CHEATHAM

Personally appeared before me,_____, with whom I am personally acquainted or who provided to me on the basis of satisfactory evidence, and who, after being first duly sworn, acknowledged himself/herself and executed the foregoing affidavit for the purposes there in contained.

WITNESS MY HAND and seal this _____ day of _____, 20____.

_____ My Commission expires:_____