

**AFFIDAVIT NO. \_\_\_\_\_**  
**CITY OF CUMMING**  
**PLANNING AND ZONING DEPARTMENT**  
**100 MAIN STREET**  
**CUMMING, GEORGIA 30040**  
**770-781-2024**  
**FAX # 770-781-2029**

**STATE OF GEORGIA**  
**COUNTY OF FORSYTH**  
**CITY OF CUMMING**

**DATE \_\_\_\_\_**

**SELF-WORK PERMIT AFFIDAVIT**

I am the owner of premises located at \_\_\_\_\_  
\_\_\_\_\_ Tax Map: \_\_\_\_\_, Parcel Number: \_\_\_\_\_, City of  
Cumming, Forsyth County, Georgia.

**I am this date applying for the permits checked below:**

- Building Code Permit**
- Electric Code Permit**
- Gas Code Permit**
- Mechanical Code Permit**
- Plumbing Code Permit**

I hereby certify that I own the premises, that I will obtain the permit, that I will do all work in conformity with the provisions of the code, that I will have performed all required inspections, and that I and my family shall live on the premises.

The above information is true and correct and I so depose and state before an officer authorized to administer oaths by the state of Georgia.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**ADDRESS (Please Print)**

\_\_\_\_\_  
**TELEPHONE NUMBER**

**APPROVED BY: \_\_\_\_\_**