

	City of Sylvan Lake 1820 Inverness Sylvan Lake, MI 48320 <u>Phone (248) 433-7715 Fax: 433-7729</u> <i>Inspection requests (248) 433-7715</i> www.sylvanlake.org
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HOMEOWNERS BUILDING PERMIT AFFIDAVIT

I, _____, hereby certify that I am the homeowner and occupant of (or intend to occupy) the residence located at the address: _____, located in Sylvan Lake. I understand that in obtaining a homeowner's building permit that all work will be completed in accordance with The Michigan Residential Code & City of Sylvan Lake Code of Ordinances.

The following provisions shall also apply:

1. The permit will be secured before work begins.
2. Work will commence within six (6) months and be performed on a timely basis. The permit may become invalid if work is suspended for more than a six-month period.
3. All required periodic inspections including final inspection, will be requested 24 hours in advance.
4. The work performed under this permit is the sole responsibility of the homeowner. Including complaints against sub-contractors.
5. All work being performed will comply with the current Building Code being enforced at the time of permit issuance.
6. The building or areas being altered will not be occupied until a Certificate of Occupancy has been issued.

If upon an inspection it is found that the owner is not able to complete the work, the Building Inspector may require that a licensed Residential Builder be hired for the completion of the work. Should a licensed Residential Builder or persons other than the owner be found doing business as a Residential Builder, the Building Inspector will order the work to cease. Work may resume once the services of a licensed Residential Builder are secured and the building permit is transferred into his or her name.

Furthermore, I agree to maintain the property throughout the permitted work activity and will fully restore all landscaped or paved areas disturbed. I also understand that the building permit does not cover work performed by electrical, mechanical or plumbing contractors.

Signature: _____ Date: _____

Witness: _____ Date: _____