

City of Sweetwater
Building and Zoning Department



OWNER/ BUILDER AFFIDAVIT

NAME OF OWNER/ BUILDER: _____

LEGAL DESCRIPTION/ ADDRESS: _____

Congratulations and good luck with your Owner/ Builder project. Please feel free to call the Building Department if you require assistance. This affidavit is designed to help you avoid common problems that Owner-Builders often encounter. Please read and initial each of the following items.

I do certify that, as an Owner/Builder, I understand and acknowledge the following:

_____ 1) I am personally responsible for knowledge of all applicable laws and regulations.

_____ 2) I will personally reside in the house after completion and the issuance of the Certificate of Occupancy.

_____ 3) Neither I, nor any member of my immediate household family, have made an application for, or have been issued either an Owner/ Builder permit or Certificate of Occupancy based upon an Owner/ Builder permit (for a single family residence) within the past three (3) years.

_____ 4) I will be on the premises either supervising or performing the actual work at all times. I will submit an accepted form of identification upon request by the Building Department's agent.

_____ 5) I understand that if an inspection is not approved after three attempts, the Inspector may place a Stop Work Order on the job; and require that a licensed contractor complete the work.

_____ 6) I understand that any person whom I may wish to hire to aid me in the constructions of my home, except common laborers, must hold a valid Miami-Dade County Certificate of Competency or be a State licensed contractor. All employees hired by me shall be covered by Worker's Compensation Insurance. (Typically Homeowner's Insurance does not provide this coverage; Please check with your insurance carrier.)

_____ 7) I understand all the requirements and responsibilities involved in obtaining an Owner/ Builder permit. I have read and understood the foregoing disclosure, and am aware of my responsibilities and liabilities under my application for building construction work on the above-described property. I further understand that failure to comply with the required regulations may cause the revocation and/ or denial of the permit and/ or Certificates of Occupancy/ Completion.

X _____
Signature of Owner

Print Name

STATE OF FLORIDA, COUNTY OF MIAMI- DADE

Sworn to and subscribed before me this _____ day of _____ 20 _____.

By _____

(SEAL)

Personally know _____ or I.D. _____