



## BUILDING INSPECTIONS & PERMITS DEPARTMENT

114 S CENTRAL ST | FERRIS TEXAS

972-544-2110

[permits@ferristexas.gov](mailto:permits@ferristexas.gov)

# HOMEOWNER/PROPERTY OWNER AFFIDAVIT

This form must be completed, signed, notarized, and submitted to the Building Inspections and Permits Department prior to permit issuance.

Please email notarized form to [permits@ferristexas.gov](mailto:permits@ferristexas.gov)

Owner, Tenant, or Business Name:

Project Address:

Street Address

Apartment/Unit#

City

State

Zip Code

THIS IS TO CERTIFY THAT I AM THE HOMEOWNER/PROPERTY OWNER FOR THE ABOVE REFERENCED PROPERTY THAT I AM AWARE OF AND WILL FOLLOW ALL STATE AND LOCAL BUILDING CODES FOR THE BELOW REFERENCED JOBS THAT IS TO BE COMPLETED ON PROPERTY THAT I OWN:

PLUMBING

MECHANICAL

ELECTRICAL

BUILDING

ALL TRADES MUST BE PERFORMED BY A LICENSED CONTRACTOR IN THE EVENT OF ANY CHANGE IN MY STATUS ON THE ABOVE JOB, I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR THIS JOB UNTIL THE BUILDING DEPARTMENT HAS BEEN NOTIFIED IN WRITING OF ANY CHANGES.

1. I, the undersigned, do hereby understand that I may not hire another individual or firm to hire subcontractors without that party being licensed as required by the State and further securing any additional required permits.
2. I further agree to build in accordance with applicable codes and strictly adhere to the inspections as required by the jurisdiction. Undersigned acknowledges that inspections must be performed in an established sequence as required by the jurisdiction and that the work done in violation of the building codes must be corrected or may be ordered removed.
3. Further, I acknowledge that I am aware that a permit issued under the provisions of the code may be revoked for false statements of misrepresentations as to the material fact in the application on which the permit was based.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

NOTARY PUBLIC, Signature