

**CITY OF MADISON HEIGHTS
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
300 W. THIRTEEN MILE RD.
MADISON HEIGHTS, MICHIGAN 48071
(248) 583-0831**



HOME OWNER AFFIDAVIT TO OBTAIN PERMITS

Property Address

Property Tax I.D. Number

The undersigned hereby represents that the following described property is, or will be on completion, his or her bona fide residence, that he or she will occupy same upon completion as his/her principle residence, and that no part of such residence will be used for rental purposes for one year, nor is such property contemplated for sale within one year of completion.

The undersigned further represents that he/she is fully aware of the requirements of the Building Code of the City of Madison Heights and of all ordinances and laws pertaining to the proposed work and has the knowledge and expertise to complete the work covered by the permit.

In making this affidavit and the related permit application, the undersigned agrees:

1. To pay all fees required under the above referenced code and ordinances;
2. To do all work on the building permit himself or herself, or to make the installation himself or herself, in accordance with the above referenced code and ordinances and not to allow any other person or firm to do such work unless that person or firm holds a valid Michigan builders or maintenance and alteration contractors license and is registered with the City of Madison Heights as a contractor; for electrical, plumbing and mechanical work a contractor hired by the homeowner must obtain their own permit(s);
3. To apply for inspections as required by the above codes and ordinances and to keep all work and installations exposed until approved by this Department and to correct all deficiencies in a timely manner;
4. Not to occupy, in any way, any building area not covered by a valid Certificate of Occupancy;
5. To fully comply with all the codes, ordinances, rules, policies and regulations of the City of Madison Heights.

Owner's Name

Driver's License Number

Address

Date of Birth

City, State, Zip

Phone Number

Owner's Signature

Notary's Signature _____

Notary's Printed Name _____

Notary public, State of Michigan, County of _____.

My commission expires _____.

Acting in the County of _____.