



City of Southgate

DEPARTMENT OF BUILDING AND SAFETY ENGINEERING

14400 DIX-TOLEDO ROAD, SOUTHGATE, MICHIGAN 48195

PHONE: (734) 258-3030 FAX: (734) 281-6670

www.southgatemi.org

HOMEOWNER'S AFFIDAVIT

NAME	
ADDRESS	
PHONE #	
EMAIL ADDRESS	

As a bonafide owner of the aforementioned property which is a single family residence hereby request a homeowner's permit to install the following:

I agree to assume the responsibility of a licensed contractor for the work mentioned and for putting same in operation. I agree further to notify the Department of Building and Safety Engineering within twenty four (24) hours for the necessary inspections. I further agree to correct within 2 weeks, any violations, and should I fail to do so, I agree to have my homeowners permit become void and employ a licensed contractor to complete the work.

Homeowner's Signature _____ Date _____

Witness _____

PLEASE NOTE: \$24.00 ADMINISTRATIVE CHARGE REQUIRED, BY LAW, ON ALL REFUNDS. NO EXEPTIONS.