Town of Cutler Bay

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 a 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 a 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 construction of my home, except common laborers, must hold a valid Miami-Dade County Certificate of Competency or be 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 all 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._____