

FAYETTE COUNTY - INSPECTIONS REQUIRED AFFIDAVIT

Permit Scope: _____

As owner of the property located at:

_____, _____, _____, _____,
(Address) (City) (State) (Zip)

By signing below, I understand as the owner of the property listed above that inspections **"are required"** to be performed and approved for the above scope of work and the related permit obtained for this property location. Inspections are to be performed by the Fayette County Department of Building Safety.

I am aware that it is the responsibility of the **"Permittee"** to schedule and obtain approval for all required inspections including re-inspections. **Failure to schedule and obtain approval for all inspections will deem the installation as unsafe and a certificate of completion will not be issued.** Permits that fall into an expired state due to outstanding inspections could lead to potential enforcement action.

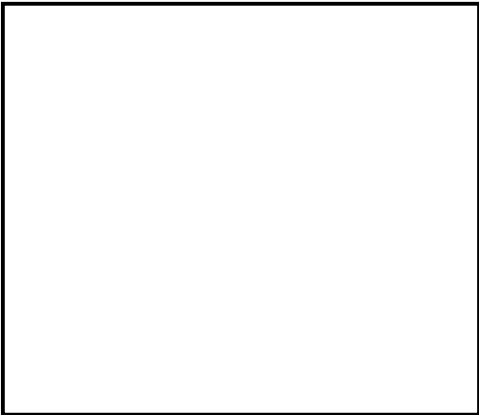
Owner's Name (PRINT)	Owner's Phone Number
Owner's Signature	Date

Notary _____

The foregoing was acknowledged before me this _____ day of _____

Notary Signature	My Commission Expires
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FCDBS 08/18/22



Reserved for Notary Seal