

City of Statesboro Department of Planning and Development

P.O. Box 348 Statesboro, Georgia 30459 912.764.0630 912.764.0664 (Fax)

STATE OF GEORGIA CITY OF STATEBSORO

AFFIDAVIT FOR SELF CONTRACTORS

Ι,	, will be the self-contractor for the job located at I am aware that if I hire an employee to supervise		
this job site that he/she must be State l	licensed and that any	trade employee on tl	his job site must
be appropriately licensed. I also under	stand that all inspection	ons will be requested	d by me.
I understand that all work on this job s Statesboro, including setback distance responsibility to provide proof of my p after the date below must adhere to the violated, it will be my responsibility to	es, and any relevant sta property boundary line ose boundaries and the	ate and federal law. es if requested. Any e associated setback	It shall be my work completed
			Signature/Date
Sworn and subscribed before me this _Georgia.	day of	, 20	_, in Statesboro,
Notary Public My Commission Expires:			