

## **HOMEOWNERS ELECTRICAL PERMIT AFFIDAVIT**

Date:	
Owner:	
Location:	
Phone Number:	
Email:	
	ove single-family dwelling and that I will perform all
electrical work myself.	
I certify that I will not lease, rent, or transfer	property for at least 12 months from date of completion and
that I will reside in the premises for at least 12 montl	hs from the date completion. Lunderstand that the
·	·
	as authorized by the Department of Housing, Buildings and
Construction. I also understand that no other electri	ical permit may be obtained by myself for a homeowner
application for a period of 24 months. I further under	rstand that PDS has the right to deny any further requests
for a homeowner permit application for electrical wo	ork.
I further understand that I must have a rough	n-in inspection and a final inspection by a Kentucky
certified electrical inspector.	
	Signature of Owner
	c in the County of
Commonwealth of Kentucky, this day of	, 20
	NOTARY PUBLIC
	KENTUCKY STATE AT LARGE
	MY COMMISSION EXPIRES, 20
	5511111551511 2,4111125, 20