

**City of Sky Valley  
Development Department**

*Permits & Inspections  
3444 Highway 246  
Sky Valley, GA 30537*

*Phone: 706-746-2204  
Fax: 706-746-5893  
Email: skyvalleycode@windstream.net*

**HOMEOWNER AFFIDAVIT**

**NOTICE:** The City of Sky Valley will only issue a permit to either a licensed contractor or to the owner of a property. This form must be completed, signed, notarized and submitted to City Hall along with the completed Tree Cutting Permit before a permit will be issued.

*All information requested on this form is mandatory:*

**Jobsite Address:** \_\_\_\_\_

**Subdivision:** \_\_\_\_\_ **Lot/Bldg/Unit #:** \_\_\_\_\_

**Print Homeowner's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Description of Work:**       Tree Cutting                       Tree Topping  
    Tree Trimming/Pruning

I certify that I own the jobsite property and that all tree cutting requested under this permit is located solely on my property. I certify that I am familiar with all tree cutting codes and ordinances adopted by the City of Sky Valley and will adhere to the requirements imposed by same. I certify that I will be the contractor performing the work, and I will be responsible for the supervision and safety of all workers who will be helping me in the performance of this work. I acknowledge that the City of Sky Valley strongly discourages homeowners from doing any tree cutting themselves that requires working near power lines, working close to a structural building, pruning/cutting trees from an elevated platform or ladder, or cutting large trees that could potentially damage other trees in the vicinity when taken down. I understand that I can be held liable for any injuries or property damage resulting from this work whether performed by me or by any workers under my supervision.

In the event there is a change in my status as the contractor on this project, I understand that I will be held responsible for all indicated tree cutting done on this job until the Inspection Department has been notified, in writing, of any change. I understand that this permit may be revoked for false statements or misrepresentation as to the material facts in the permit application on which this permit was based.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Sworn to and subscribed before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public – Please notarize with official seal)