

6090 Woodson Street Mission, KS 66202 Phone: (913) 676-8360 Fax: (913) 722-1415

Homeowner Affidavit For Exclusion from Contractor Licensing Requirement

I,		, am the <u>owner</u> and <u>will be the occupant</u> of site
address,		, am the <u>owner</u> and <u>will be the occupant</u> of site, and will be acting as my own General Contractor
and/or doing my ov		
		ed property which is a single-family residence, I do hereby certify that I this property my primary residence.
governing the type	of installation wh	ovisions of the codes, ordinances and rules adopted by the City ich is contemplated at the above mentioned location and hereby r construction in conformance with said applicable codes, ordinances
mentioned in this p the City. I acknowl	ermit and unders edge that I may b	am assuming the responsibility of a licensed contractor for the work stand that it is my responsibility to arrange all required inspections with be subject to citation and penalties up to \$1,000 per day per violation if ions of the adopted codes.
STATE OF KANSAS	Signed)) s.s.	
CITY OF MISSION) S.S.)	
Before me, the unders aforesaid came known to me to be the	igned, a Notary Pub same person who e	day of,
IN WITNESS WHERE day and year first above		o set my hand and affixed my seal the
		Notary Public
(seal) My Appointment Expire	es:	_