



**Planning & Development Department**  
**1815 Marvin Griffin Road, Augusta, GA 30906**  
**(706) 312-5050 Fax: (706) 312-4277**

**HURRICANE HELENE**  
**MENNONITE DISASTER SERVICES**

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

I, \_\_\_\_\_ hereby verify that I own and live in the  
single-family dwelling / farm building located at:

\_\_\_\_\_  
**(STREET ADDRESS)**

**PHONE NUMBER:** \_\_\_\_\_

I attest that the structural, roof, and/or building repair(s) permitted by Augusta-Richmond County Planning & Development Department under Permit Number: \_\_\_\_\_ will be physically performed by only myself as the owner or by Mennonite Disaster Services and their volunteers. I understand that if I employ anyone else to aid, assist or perform additional work relating to the installation or connection of any electrical, plumbing, conditioned air, or low-voltage apparatus and/or labor, that said person shall have in his/her possession, a valid state license from the Georgia Construction Industry Licensing Board for said described work, and said described work shall be permitted by Augusta-Richmond County according to the applicable codes adopted by Augusta-Richmond County. I accept full and complete responsibility for the structural, roof, building, electrical, plumbing, conditioned air, or low voltage work, and shall hold harmless Augusta-Richmond County Georgia Board of Commissioners, all of its employees, including but not limited to the Augusta-Richmond County Planning and Development Department.

Applicant further deposes he/she is aware that any knowingly false statement made in the permit application will subject said applicant to prosecution for violation of Georgia Criminal Code, Section 26-2402 (False Swearing) and a possible fine of not more than \$1,000.00 or imprisonment for less than one (1) year, nor more than five (5) years or both.

**PRINT NAME:** \_\_\_\_\_

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

### **Notary Acknowledgment**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2025.

Notary Public Name: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Seal:

My Commission Expires: \_\_\_\_\_