MIAMI COUNTY, KANSAS
BUILDING INSPECTION DEPARTMENT
201 South Pearl Street , Suite 201 Paola, Kansas 66071-1777
phone: (913) 294-4145 fax: (913) 294-9545

AFFIDAVIT
PROPERTY OWNER ACTING AS CONTRACTOR
VERIFICATION

I, _____, am the owner and will be the occupant of property generally described as _____, and will be performing work and acting as the contractor in the disciplines described below:

GENERAL CONTRACTOR ELECTRICAL PLUMBING MECHANICAL

FOUNDATION ROOFING SITE UTILITY

I acknowledge that all work I will perform will conform to the code requirements for Miami County and that by acting as the contractor in the disciplines that I have designated I am responsible for all such work.

Should I decide to allow anyone other than myself or my immediate family to perform any of the work for which I have accepted responsibility herein, I will notify the Building Inspection Department prior to such work being commenced and I am aware that failure to notify Miami County of such changes may result in a STOP WORK ORDER being issued.

I further acknowledge that I am aware that Miami County requires a contractor license to perform work in the construction trades for which I am accepting responsibility and that it is violation of county regulations to allow anyone to other than myself or my immediate family to perform work for which a contractors license is required without first notifying Miami County.

SIGNED: _____

STATE OF KANSAS)
) SS.
COUNTY OF MIAMI)

BE IT REMEMBERED, that on this _____ day of _____, 20 ____, before me, the undersigned Notary Public in and for the County and State Aforesaid came _____ who is personally known to me to be the same person who executed the foregoing instrument of writing, and such person duly acknowledged the same.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year above written.

_____
Notary Public

(SEAL)

My Appointment Expires: _____