



City of
West University
Place

Public Works Department
Community Development

**BUILDING-PROPERTY OWNER'S
AFFIDAVIT FOR REISSUANCE OF
EXPIRED PERMIT**

SUBJECT		
ON THIS DATE	STATE OF	COUNTY OF
	§	§
<p>I, the owner, hereby certify that I am the owner of the property located at the address below, which is my residential homestead. This form is for REISSUANCE OF EXPIRED PERMIT only without the involvement of a contractor and as such I am exempt from the ordinance requiring contractor registration. I understand the transfer permit fee is \$100 or 50% of the original permit renewal fee (whichever is less).</p> <p>I assume full responsibility for and will personally supervise or do all work allowed by law on the permitted structure. If I employ subcontractor(s) for all or part of the work, the subcontractor(s) must be licensed to perform such work. If the final inspection fails due to work not being to code, the homeowner must hire a licensed contractor to make all corrections.</p> <p>I further understand that I am liable and responsible for any employee(s) and/or subcontractor(s) that I hire, which may require, but is not limited to the provision of: liability insurance, worker's compensation, unemployment compensation and the payment of all applicable taxes.</p>		
PRINT OWNER NAME		
OWNER SIGNATURE		SIGNATURE DATE
PROPERTY ADDRESS		
ADDRESS		
CITY	STATE	ZIP CODE

OFFICIAL USE ONLY	
STATE OF	COUNTY OF
§	§
ACKNOWLEDGMENT OF FILING.	
The building official of the City acknowledges that this instrument was duly sworn to and subscribed to before me.	
BY	LEGIBLE SEAL
DATE ACKNOWLEDGED	
COMMISSION EXPIRATION	
NOTARY PUBLIC	

NOTE:
AFTER COMPLETION AND NOTARIZATION, SUBMIT THIS FORM ALONG WITH THE BUILDING PERMIT APPLICATION IN PERSON TO:

THE CITY OF WEST UNIVERSITY PLACE
3826 AMHERST STREET
WEST UNIVERSITY PLACE, TEXAS 77005