

Pikes Peak REGIONAL Building Department

Affidavit for Homeowner's Permit

I, _____
[homeowner name] understand that licenses/registrations shall be required to perform any work requiring a permit. It shall be a violation of the Pikes Peak Regional Building Code (the "Code") for any person to contract to perform any work without a license, **except**: any person who owns and resides in or intends to reside on a property suitable for a one- or two-family dwelling may:

RBD USE ONLY

To be completed by PPRBD Staff
only if PPRBD Staff is Not Witnessing
the Signature of Owner of Record

Accepted: _____

Date: _____

1. Construct or erect on that property without a license one (1) one- or two-family dwelling and any structures accessory thereto intended for the owner's personal use. The owner is limited to the construction or erection of one (1) one- or two-family dwelling and any structures accessory thereto in any twelve (12) month period and the construction or erection of a total of no more than five (5) one- or two- family dwellings and any structures accessory thereto during the person's lifetime.
2. Enlarge, remodel, alter, repair, maintain, improve, convert or demolish without a license any one- or two- family dwelling and structures accessory thereto.

Further, I understand that agents or owners of any dwellings who do not reside in the building may not perform any work requiring permits in accordance with the Code unless they are licensed or registered in accordance with this Chapter 2 of the Code.

Further, I understand that all persons or entities that engage in the business of residential construction consulting, as defined in Section RBC201.2 of the Code¹, are prohibited from engaging in this conduct or work unless this individual or entity has first met the licensing requirements and obtained the appropriate license to perform the construction work. This provision is not intended to regulate the activities of building design professionals.

If I intend to have any person other than me, as the person who owns and resides in or intends to reside on the property, perform work that requires a license and permit(s) in accordance with the Code, I understand that such person **must** be licensed/registered by PPRBD for the permitted work he or she will perform for me.

I understand and acknowledge that by obtaining the permit as a homeowner that I must follow the Code in force at the time the work is permitted and performed. I further understand and acknowledge that I am responsible to obtain the necessary inspections and close out the permit when the job is completed, as required by the Code. If I do not obtain the necessary inspections, PPRBD may file a Certificate of Alleged Non-Compliance against my property, which, among other things, may affect my ability to sell, finance or refinance my property.

¹ Section RBC201.2 of the Code: **Residential Construction Consulting**. Advising, assisting or participating with unlicensed persons, as provided in Section RBC201.3 of the Code, in the physical construction of buildings.

Affidavit of Homeowner's Permit

By signing below I hereby acknowledge that I have read and understand the statements in this Affidavit. *I hereby swear and affirm under penalty of perjury that the statements contained in this Affidavit are true to the best of my knowledge and belief. I further understand and acknowledge that making a materially false statement or representation may be punishable under the criminal laws of the State of Colorado as perjury in the second degree pursuant to Colorado Revised Statutes § 18-8-503.*

_____ Owner(s) of Record - Print Name	_____ Signature (** Signature must be witnessed)	_____ Date
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_____ Owner(s) of Record - Print Name	_____ Signature (** Signature must be witnessed)	_____ Date
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**Owner of Record
Property Address
and Information:**

Street Address: _____ Phone: (Primary) _____
Phone: (Secondary) _____
Apt./Unit: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____

**Owner of Record
Property Address
and Information:**

Street Address: _____ Phone: (Primary) _____
Phone: (Secondary) _____
Apt./Unit: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____

I WITNESSED the Owner(s) of Record
sign this Affidavit:

_____ Witness - Print Name	_____ Signature	_____ Date
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**Witness Address
and Information:**

Street Address: _____ Phone: (Primary) _____
Phone: (Secondary) _____
Apt./Unit: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____