Community Development Department

701 East Broadway • PO Box 6015 • Columbia, MO 65205-6015

OWNER CONTRACTOR AFFIDAVIT

	Permit Number
RE: (Address / Project)	(market - 1 - 1 - 1 - 1 - 1))
I hereby certify that I am the owner of this property and will occupy period of not less than one (1) year and I shall personally purchase a perform all labor in connection therewith.	
Owner /	Applicant
Subscribed to and sworn before me this day of	
Note	ary Public
My commission expires on:	
NOTE:	
Owner contractor permits for plumbing, electrical and mechanical in limited to one (1) each in any two (2) year period.	nstallations are

Building & Site Development (573) 874-7474 Fax (573) 874-7283 Neighborhood Services (573) 817-5050 Fax (573) 874-7546

Planning & Zoning (573) 874-7239 Fax (573) 874-7546