

ARCHITECT'S  
DESIGN AFFIDAVIT  
CITY OF BUFORD, GEORGIA

Project Name: \_\_\_\_\_

Building Address: \_\_\_\_\_

Building Owner: \_\_\_\_\_

I, \_\_\_\_\_, being a licensed professional architect in the State of Georgia, do certify and affirm that the architectural requirements for the above referenced project were designed under my supervision and, in my opinion, are in conformance with the applicable requirements of **Section 1315** or **Section 1316** of the **City of Buford Zoning Ordinance**.

By: \_\_\_\_\_  
Professional Architect of Record

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Professional Seal

The forgoing document was sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature