



## MACON-BIBB COUNTY BUSINESS DEVELOPMENT SERVICES

200 Cherry Street, Suite 202  
Macon, GA 31201  
(478) 803-0470

### TENANT INTERIOR ALTERATION AFFIDAVIT

This form shall only apply to alterations within an individual tenant space under the contractual control of the lessee. The proposed scope of work does not alter or affect any portion of the building primary function area under the control of the landlord.

As such, completion of this form acknowledge compliance with the current adopted codes, as adopted and amended by the State of Georgia for use within this jurisdiction, and the 2010 ADA for all new work within my tenant space:

**2010 ADA § 36.403(d) Landlord/tenant:** *If a tenant is making alterations as defined in § 36.402 that would trigger the requirements of this section, those alterations by the tenant in areas that only the tenant occupies do not trigger a path of travel obligation upon the landlord with respect to areas of the facility under the landlord's authority, if those areas are not otherwise being altered.*

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**Building Address**

**Tenant Space**

By submitting this form, the Business Owner / Lessee and the project Principle Registered Design Professional acknowledges that the information is accurate to best of their knowledge. Furthermore, the Business Owner / Lessee and the project Principle Registered Design Professional acknowledge that all improvements are contained within the area of the lessee's control, as addressed above, and shall comply with adopted codes and the 2010 ADA.

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**Business Owner / Lessee (Please print)**

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**Business Owner / Lessee (Signature)**

**Date**

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**Principle Registered Design Professional (Please print)**

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**Principle Registered Design Professional (Signature)**

**Date**