Board of County Commissioners

Kenneth A. Kiler, President Joseph A. Vigliotti, Vice President Thomas S. Gordon III Michael R. Guerin Edward C. Rothstein



Department of Public Works

Bryan Bokey, PE Director ccdpw@carrollcountymd.gov Phone: 410-386-2248 Fax: 410-876-2431

OWNER/CONTRACTOR AFFIDAVIT

DATE:	PERMIT NO:
PROJECT:	
I hereby certify that I own the property located at:	
and thathas my p	ermission to apply for a permit for construction/
use of the above project. I am aware that the "Contra responsibility for scheduling their own inspections. The lice own inspections.	ctor"/Tenant listed on the application assumes full
Note 1: I fully understand it is our responsibility to comply with a Local Laws and Ordinances of Carroll County and State	
Note 2: I understand it is our responsibility to keep all structure	s out of all recorded easements.
Note 3: I, as the owner of the property upon which construction/u and Inspections of Carroll County, its officers and empthereon for the purpose of inspecting the construction/us	ployees, to enter upon the premises and into any building
X Property Owner Signature or Corporate Officer's Signature & Position	X
Property Owner Signature <u>or</u> Corporate Officer's Signature & Position	PRINT NAME
Corporate Name of Property Ownership (if applicable)	Email Address
X	X
X Corporate Address (if applicable)	WITNESS SIGNATURE (Third Party)
****************	**************
I certify that I have been contracted to construct/occupy the about the permit as the Contractor/Tenant. I assume all responsite the Contractor/Tenant I will schedule all required inspections and	bility for the total project and acknowledge that as
X Contract Purchaser/Tenant/Contractor's Signature	X PRINT NAME
Contract Purchaser/Tenant/Contractor's Signature	PRINT NAME
Trading as (Company Name)	LICENSE #
Address	Email Address
	<u>X</u>
Phone #	WITNESS SIGNATURE (Third Party)