

Bureau of Permits and Inspections
410-386-2674, 1-888-302-8978
Fax 410-386-9252
MD Relay service 7-1-1/1-800-735-2258



Department of Public Works
Carroll County Government
225 North Center Street
Westminster, Maryland 21157

OWNER/CONTRACTOR AFFIDAVIT

DATE: _____

PERMIT NO: _____

PROJECT: _____

I hereby certify that I own the property located at: _____

and that _____ (applicant) has my permission to apply for a permit for construction/

use of the above project. I am aware that the "Contractor"/Tenant listed on the application assumes full responsibility for scheduling their own inspections. The licensed Plumber and Electrician shall also schedule their own inspections.

Note 1: I fully understand it is our responsibility to comply with all applicable Construction Codes within The Code of Public Local Laws and Ordinances of Carroll County and State of Maryland.

Note 2: I understand it is our responsibility to keep all structures out of all recorded easements.

Note 3: I, as the owner of the property upon which construction/use is to take place, hereby, authorize the Bureau of Permits and Inspections of Carroll County, its officers and employees, to enter upon the premises and into any building thereon for the purpose of inspecting the construction/use applied for herewith.

X

Property Owner Signature or Corporate Officer's Signature & Position

X

PRINT NAME

Corporate Name of Property Ownership (if applicable)

Email Address

X

Corporate Address (if applicable)

X

WITNESS SIGNATURE (Third Party)

I certify that I have been contracted to construct/occupy the above-named project and consent to having my name listed on the permit as the Contractor/Tenant. I assume all responsibility for the total project and acknowledge that as the Contractor/Tenant I will schedule all required inspections and resolve any violations.

X

Contract Purchaser/Tenant/Contractor's Signature

X

PRINT NAME

Trading as (Company Name)

LICENSE #

Address

Email Address

Phone #

X

WITNESS SIGNATURE (Third Party)