Board of County Commissioners

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

Address

Phone #



Department of Public Works

Bryan Bokey, PE Director <u>ccdpw@carrollcountymd.gov</u> 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 pe	rmission to apply for a permit for construction/
use of the above project. I am aware that the "Contract responsibility for scheduling their own inspections. The licen own inspections.	tor"/Tenant listed on the application assumes full
Note 1: I fully understand it is our responsibility to comply with all Local Laws and Ordinances of Carroll County and State	
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/us and Inspections of Carroll County, its officers and empl thereon for the purpose of inspecting the construction/use	oyees, to enter upon the premises and into any building
x	Х
X Property Owner Signature <u>or</u> Corporate Officer's Signature & Position	PRINT NAME
Corporate Name of Property Ownership (if applicable)	Email Address
X Corporate Address (if applicable)	X WITNESS SIGNATURE (Third Party)
Corporate Address (if applicable)	WITNESS SIGNATURE (Third Party)

I certify that I have been contracted to construct/occupy the above the permit as the Contractor/Tenant. I assume all responsibi Contractor/Tenant I will call for all required inspections and resol	lity for the total project and acknowledge that as the
X Contract Purchaser/Tenant/Contractor's Signature	X PRINT NAME
Contract a dremaser, remany contractor s organiture	
Trading as (Company Name)	LICENSE #

Email Address

X WITNESS SIGNATURE (Third Party)

225 North Center Street Westminster, Maryland 21157 410-386-2400; 1-888-302-8978 MD Relay 711/800-735-2258