## 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<br>responsibility for scheduling their own inspections. The licen<br>own inspections.   | tor"/Tenant listed on the application assumes full      |
| Note 1: I fully understand it is our responsibility to comply with all<br>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<br>and Inspections of Carroll County, its officers and empl<br>thereon for the purpose of inspecting the construction/use                | oyees, to enter upon the premises and into any building |
| x   | Х   |
| X<br>Property Owner Signature <u>or</u> Corporate Officer's Signature & Position  | PRINT NAME  |
| Corporate Name of Property Ownership (if applicable)  | Email Address   |
| X<br>Corporate Address (if applicable)  | X<br>WITNESS SIGNATURE (Third Party)                    |
| Corporate Address (if applicable)   | WITNESS SIGNATURE (Third Party)                         |
| *****************   |   |
| I certify that I have been contracted to construct/occupy the above<br>the permit as the Contractor/Tenant. I assume all responsibi<br>Contractor/Tenant I will call for all required inspections and resol | lity for the total project and acknowledge that as the  |
| X<br>Contract Purchaser/Tenant/Contractor's Signature   | X<br>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