Michael C. Zepp, Bureau Chief Bureau of Permits and Inspections 410-386-2674, 1-888-302-8978 fax 410-876-9252 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 ce	rtify that I own the property located at:	
and that	has my p	ermission to apply for a permit for construction/
use of the	above project. I am aware that the "Contrac	ctor"/Tenant listed on the application assumes full er and Electrician must call for 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 Own	ner Signature <u>or</u> Corporate Officer's Signature & Position	X PRINT NAME
Corporate Na	me of Property Ownership (if applicable)	Email Address
Corporate A	ddress (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 call for 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)