

TOWN OF ELKTON

BUILDING AND PLANNING OFFICE

AFFIDAVIT BY OWNER FOR REPRESENTATION

Date: _____

Property Location: _____

Property Owner: _____

Property Owner's Address: _____

Telephone: _____

AFFIDAVIT

I, _____, the property owner or legal representative of the owner, hereby designate and authorize the following person/agent/contractor to make application for and/or be my representative regarding application submitted to be heard by the Planning Commission, Board of Zoning Appeals and/or Historic District Commission meeting(s) as required under the current Zoning Ordinance for the Town of Elkton.

I further understand and grant permission for the Town of Elkton, its agents and/or employees, to conduct applicable inspections on the property as required regarding the above referenced submission.

I willingly and intentionally release the Town of Elkton, its agents and employees, from any and all forms of liability, whatsoever, as a result of this designation and authorization to obtain the necessary approvals.

Applicant's Name: _____

Applicant's Address: _____

_____ Telephone #: _____

Signature of Witness

Owner/Representative's Signature

Printed Name of Witness

Date