

TOWN OF ELKTON

BUILDING AND PLANNING OFFICE

AFFIDAVIT BY OWNER FOR BUILDING PERMIT ISSUANCE

Date: _____

Type of Permit: _____

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 a permit for the work performed on the above referenced property. I further understand and grant permission for the Town of Elkton, its agents and/or employees, to conduct applicable inspections on the property. I affirm that all work done in conjunction with the above permit shall comply with all applicable standards currently utilized by the Town of Elkton, Cecil County and/or regulatory State and Federal agencies.

In addition to the above provisions, 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 a building permit.

Applicant's Name: _____

Applicant's Address: _____

_____ Telephone #: _____

Signature of Witness

Owner/Representative's Signature

Printed Name of Witness

Date