



ZONING CERTIFICATE AFFIDAVIT

PERMIT NO. _____ DATE _____

USE _____

I (we) hereby that I (we) own the property located at _____ and that _____ (applicant)

Has my (our) permission to apply for a zoning certificate for the use on the above described property.

I (we), owner(s) of the property upon which the described use is to take place, hereby authorize the Office of Zoning Administration of Carroll County, its officers and employees, to enter upon the premises for the purpose of inspecting the use applied for in this application.

Property Owner's Signature

Corporate Name of Owner (if applicable)

Corporation Address

Witness Signature (3rd Party)

Officer's Signature and Position

* * * * *

I certify that I have contracted to be responsible for the use on the property described herein and consent to having my name listed on the zoning certificate as the Tenant.

Tenant's Signature

Date:

Witness Signature (3rd Party)

Trading as (company name)

Address