

**Homeowner Affidavit
Building Permit Issuance**

TOWN OF TOWNSEND

P.O. BOX 223, 661 SOUTH STREET, TOWNSEND, DE 19734

PHONE: 302-378-8082 • FAX: 302-378-7099 • WWW.TOWNSEND.DELAWARE.ORG

Complete this form only if you, as the record owner of property, intend to have someone make application for a building permit on your behalf.

Property Location (i.e. where work is to be performed)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Property Owner/Representative

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

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 Townsend, its agents and/or employees, to conduct applicable inspections on the property. I affirm that all applicable standards currently utilized by the Town of Townsend, New Castle County and/or regulatory State and Federal agencies.

In addition to the above provisions, I willingly and intentionally release the Town of Townsend, 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 (person/agent/contractor): _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Witness

Owner/Representative's Signature

Printed Name of Witness

Date