

**Homeowner Affidavit  
Building Permit Issuance**

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**TOWN OF TOWNSEND**

141 Main Street, P.O. Box 223, TOWNSEND, DE 19734

PHONE: 302-378-8082 • FAX: 302-378-7099 • [WWW.TOWNSEND.DELAWARE.ORG](http://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