



**Division of  
Planning & Zoning  
OWNER REPRESENTATIVE AFFIDAVIT**

This is to certify that \_\_\_\_\_  
is authorized to file an administrative adjustment with the Division of Plan Review & Permitting for  
\_\_\_\_\_ on property  
located \_\_\_\_\_.  
The said work is authorized by \_\_\_\_\_  
the property owner in fee.

**PROPERTY OWNER**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Owner's Signature

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Authorized Representative's Signature

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**747 Northern Avenue | Hagerstown, MD 21742 | P: 240.313.2430 | F: 240.313.2461 | Hearing Impaired: 7-1-1**