



**Department of Planning and Zoning**  
**OWNER REPRESENTATIVE AFFIDAVIT**

This is to certify that \_\_\_\_\_  
is authorized to file a rezoning application with the Department of Planning and Zoning 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