



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

This is to certify that _____
is authorized to file an administrative adjustment with the Division of Planning & 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