



Affidavit of Ownership Form

STAFF WILL ASSIGN FILE #

This form may be attached, as many times as needed, to a permit application when multiple owners are required to sign a Permit Application or an Affidavit of Ownership. The signatures pertain to the application to which it is attached.

THE UNDERSIGNED HEREBY DECLARE THAT THEY HAVE READ AND UNDERSTAND THE PERMIT APPLICATION TO WHICH THIS IS ATTACHED, AND THAT THE FOLLOWING IS TRUE AND CORRECT.

PROPERTY OWNER NAME:	EMAIL:
FIRM NAME if applicable:	PHONE:
TITLE OR OFFICIAL CAPACITY (partner, president, etc.):	
ADDRESS Number: Street: City: State: Zip:	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ● SIGNATURE of Property Owner DATE	
PROPERTY OWNER NAME:	EMAIL:
FIRM NAME if applicable:	PHONE:
TITLE OR OFFICIAL CAPACITY (partner, president, etc.):	
ADDRESS Number: Street: City: State: Zip:	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ● SIGNATURE of Property Owner DATE	
PROPERTY OWNER NAME:	EMAIL:
FIRM NAME if applicable:	PHONE:
TITLE OR OFFICIAL CAPACITY (partner, president, etc.):	
ADDRESS Number: Street: City: State: Zip:	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ● SIGNATURE of Property Owner DATE	
PROPERTY OWNER NAME:	EMAIL:
FIRM NAME if applicable:	PHONE:
TITLE OR OFFICIAL CAPACITY (partner, president, etc.):	
ADDRESS Number: Street: City: State: Zip:	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ● SIGNATURE of Property Owner DATE	

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