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**Owner Affidavit: Substantial Improvement or  
Repair of Substantial Damage**

Property Address: \_\_\_\_\_

Parcel Tax ID Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address/Phone/Email: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Address/Phone/Email: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_

Date of Contractor's Estimate: \_\_\_\_\_

I hereby attest that the description included in the permit application for the work on the existing building that is located at the property identified above is all of the work that will be done, including all improvements, rehabilitation, remodeling, repairs, additions, and any other form of improvement.

I further attest that I requested the above-identified contractor to prepare a cost estimate for all of the work, including the contractor's overhead and profit.

I acknowledge that if, during the course of construction, I decide to add more work or to modify the work described, that the Department of Land Use & Growth Management will re-evaluate its comparison of the cost of work to the market value of the building to determine if the work is substantial improvement. Such re-evaluation may require revision of the permit and may subject the property to additional requirements.

I also understand that I am subject to enforcement action and/or fines if inspection of the property reveals that I have made or authorized repairs or improvements that were not included in the description of work and the cost estimate for that work that were the basis for issuance of a permit.

IN WITNESS the hand and seal of the OWNER.

\_\_\_\_\_

\_\_\_\_\_

Print Name:

\_\_\_\_\_

Print Name:

STATE OF MARYLAND COUNTY OF ST. MARY'S, to wit:

Sworn to and subscribed before me by \_\_\_\_\_ (affiant)

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Notary Seal)

Signature of Notary Public: \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Name

STATE OF MARYLAND COUNTY OF ST. MARY'S, to wit:

Sworn to and subscribed before me by \_\_\_\_\_ (affiant)

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Notary Seal)

Signature of Notary Public: \_\_\_\_\_

Notary Public Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_