TOWN OF BLUFFTON
COMMERCIAL
AFFIDAVIT OF OWNERSHIP AND OWNER'S AUTHORIZED AGENT

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4500
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

The undersigned being duly sworn and upon oath states as follows:
1. I am the current owner of the property which is the subject of this application.
2. I hereby authorize _____ to act as my agent for this application only.
3. All statements contained in this application have been prepared by me or my agents and are true and correct to the best of my knowledge.
4. The application is being submitted with my knowledge and consent.
5. Owner grants the Town, its employees, agents, engineers, contractors or other representatives the right to enter upon Owner's real property, located at _____ (address), for the purpose of application review, inspections, and evaluations for the limited time necessary for completion of the permit.
6. I understand that failure to abide by Town permits, any conditions, and all codes adopted by the Town of Bluffton deems me subject to enforcement action and/or fines.
7. Specify the current building type (circle one): IA IB IIA IIB IIIA IIIB IV VA VB Will the building type be changing? ☐ Yes ☐ No If yes, specify what the building type *will* be (circle one): IA IB IIA IIB IIIA IIIB IV VA VB By signing this form, I am acknowledging that I am aware of the changes to the building type, if there are any.

Print Name: _____ **Owner Signature:** _____

Phone No.: _____ **Email:** _____

Date: _____

The foregoing instrument was acknowledged before me by _____, who is personally known to me or has produced _____as identification and who did not take an oath.

WITNESS my hand and official seal this _____day of _____, 20_____ .

_____ **My Commission expires:** _____

Notary Public Signature

[Place Notary Seal/Stamp Above]