

Culpeper County Building Department

302 N. Main Street • Culpeper, VA 22701 P: (540) 727-3405

Property Ownership Affidavit

Section 108.3 of the Uniform Statewide Building Code (USBC) requires that all permit applications list the full name and address of the owner of the permitted property. The Building Department verifies property ownership prior to permit issuance. In certain circumstances, county records will reflect property ownership that is different from that appearing on a permit application. In such cases, it is the responsibility of the owner to provide evidence of property ownership prior to permit issuance. This affidavit provides an opportunity for individuals and companies to certify that under the definition of "owner" found in the USBC they are the owners of the property for which the application is being submitted. Completed affidavit forms may be submitted to the Building Department in lieu of providing other documentation such as settlement papers. This affidavit must be completed by the property owner listed on the application and must be submitted prior to permit a c c e p t a n c e . If you have any questions, please call the Building Department at 540-727-3405, prior to signing this form. Copies of signed affidavits cannot be accepted.

(Please Print)

| Owner, as defined in the USBC, means "the omortgagee or vendee in possession, assignee structure." | | • |
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| I | , hereby swear un- | der oath that, to the best of my |
| knowledge, the following statement is true. company listed below: | | |
| Name: | | |
| Mailing Address: | | |
| is the owner of the property located at | | Tax Map # |
| and as such, may apply for a permit as the owns | | |
| | 11ue | Date |
| (For Notary Use Only): | | |
| State of | City/County of | |
| Ι, | , a Notary Public in and for the aforesaid State hereby certify that the | |
| f ollowing person: | appeared before me in the State and City/County aforesaid | |
| and executed this affidavit on the following date | e: (month, day, year): | |
| Notary Signature: | Registration Number: | |
| My Commission Expires: | | |