



2664 RIVA ROAD, P.O. BOX 6675
ANNAPOLIS, MARYLAND 21401

OFFICE OF PLANNING AND ZONING

Permit # –

Property Address:

Tax Account # –

Subject: Affidavit Impervious Coverage Removal and Stabilization

I/We, the (property owner) undersigned, in making an application for the above referenced building permit, do hereby acknowledge that the **impervious area(s)** shown on the **attached plan** will be removed before the completion of the permitted work.

Signature: _____

Printed Name: _____

Date: _____

I hereby certify, that on this ____ day of _____, 2____, before me, the subscriber, a notary public in and for the state and city aforesaid, personally appeared _____ known to me to be the person whose name is subscribed to the within agreement and acknowledge that he executed the same for the purpose therein.

In witness were of, I hereunto set my hand and official seal.

Notary Public

My commission expires: _____

Affidavit-IMP-Removal.doc