



# *Town of Weare*

15 Flanders Memorial Road Weare, NH 03281  
(603)529-7586

Office Use Only
Map _____ Lot _____ Sub _____
Date received: _____

## **Property Owner Letter of Affidavit**

I/We, the undersigned, owner(s) of the property located at \_\_\_\_\_

Hereby verify that I/we have authorized \_\_\_\_\_

to apply for the required permits A/O Site Plan Application from the Code Enforcement Officer/ Building Inspector/or Land Use Coordinator of the Town of Weare for the following addition/alteration:

---

---

---

---

Signature of Owner(s): \_\_\_\_\_

\_\_\_\_\_

Address of Owner(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_