

## HANDICAPPED ACCESSIBILITY CERTIFICATION

for

### HOME OCCUPATIONS

Permit Application # \_\_\_\_\_

Use: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

In consideration for the issuance of an Occupancy Permit, I hereby agree to properly arrange and identify an accessible parking space; provide a clear and level path of travel with minimum clear door openings of 32" to all primary functions of the new use area; and, where public restroom facilities are required, to provide a restroom that meets the accessibility requirements of Allegany County. I further recognize that this is only a partial list of the requirements of the Allegany County Building Code for the Handicapped.

I hereby agree to comply with all regulations and codes, which are applicable hereto. I further agree that any misstatement or misrepresentation of facts presented as part of this application, or change to proposal without approval of the agencies concerned, shall constitute sufficient grounds for the disapproval or revocation of the subject permit. I hereby affirm that I own the property which is the subject of this application; or that I am the duly designated representative of the property owner, and that I possess the legal authority to make this Affidavit on behalf of myself or the owner for whom I am acting. I do solemnly declare and affirm under the penalties of perjury that the contents of this Application are true and correct to the best of my knowledge, information and belief.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_