Date: _____

This document absolves the Town of Ashland and the current Code Enforcement Official

from any liability associated with Building Permit # _____ and signed by

(name) _____.

I have been advised regarding rules and regulations pertaining to Workers' Compensation and have completed form WC/DB-100 (7-04).

Should any violations or injuries occur on this job site it is understood that it is my responsibility in total as the owner of the property located at:

_____

_____

_____

_____ _____
Applicant's Signature Dated

Sworn to before me this _____
Day of _____, 20___

_____
Notary Public