

**PROOF OF PROPERTY OWNERSHIP
AFFIDAVIT**

STATE OF _____)
) ss.
COUNTY OF _____)

_____, being first duly sworn upon his/her oath, deposes and states as follows:

(1) (FILL IN ONLY BY PROPERTY OWNER OF RECORD)

(Name of owner signing Affidavit; if owner is a corporation or business, name of individual signing Affidavit, capacity and exact name and legal status of said corporation or business)

Is/are the legal owner/authorized official of the legal owner of the property that is the subject of case number _____.

(ALL OWNERS OF RECORD MUST FILE AN AFFIDAVIT)

(2) (FILL IN ONLY IF APPLICANT IS A PROPERTY CONTRACT PURCHASER)

That _____
(Name of contact purchaser signing Affidavit; if a corporation or business, exact name and legal status of said corporation or business)

Is the holder of a contract to purchase the property that is the subject of case number _____ from the owner(s) and is therefore a "landowner" within the meaning of the Zoning Code.

SIGNATURE

Subscribed and sworn to before me this _____ day of _____,
_____.

Notary Public

My appointment expires

**IF APPLICATION IS BEING FILED BY AN AGENT OR LESSEE, AFFIDAVIT ON
NEXT PAGE MUST BE COMPLETED**

For Office Use Only		
_____ Date Received	_____ Received By	_____ Approved for Hearing/Date

**AUTHORIZATION FOR OWNER REPRESENTATIVE OR LESSEE
AFFIDAVIT**

**(FILL IN ONLY IF APPLICANT IS AN AGENT FOR LANDOWNER OR
CONTRACT PURCHASER)**

AUTHORIZATION OF AGENCY

STATE OF _____)
) ss.
COUNTY OF _____)

I, _____
(Name of person signing Affidavits, if owner is a corporation or business, name of individual signing Affidavit, capacity and exact name and legal status of said corporation or business)

Having filed a Proof of Ownership Affidavit, as the Legal Owner or as a Contract Purchaser, of the property that is the subject of case number _____, declare that I have authorized _____ to file this application.

SIGNATURE

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Appointment Expires:

For Office Use Only	
_____ Date Received	
_____ Received By	_____ Approved for Hearing/Date