

AFFADAVIT OF OWNER

To be completed if applicant is not the property owner

I (We),	, owner(s) of the within described
property do hereby request the proposed	rezoning and hereby authorize the person listed below
to act as my (our) duly authorized agent	in this matter.
Signature(s):	
Date:	
Address:	
Phone Number:	
APPLICANT(S) / AGENT(S) THAT W CONSIDERED AND REVIEWED, TH	ES HERETO INCLUDING OWNER(S) & HILE THIS APPLICATION WILL BE CAREFULLY E BURDEN OF PROVIDING ITS NEED RESTS CANT WHETHER OWNER, NON-OWNERS, OR
STATE OF	COUNTY OF
I,	_, a Notary Public for said County and State, do hereby
certify that	personally appeared before me this day and
acknowledged the due execution of the f	
My commission expires	
OFF 1. Signature of Rezoning Coordinator:	TICIAL USE ONLY 2. Planning Board
	ations Mailed: <u>2 / 16 / 22</u> 4. Property Posted:
	pproved Denied 6. Board of Commissioners
	ons Mailed:/ / 8. Property Posted:
	/ / 2 nd / / 10. BOC Action: Approved
Denied 11. Date Applicant N	lotified:/ /