



COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING AND ZONING DIVISION

PROPERTY OWNER AFFIDAVIT

Property Address: _____

Parcel No.: 'aaaaaaaaaaaaaaaaaaaaaaaaa _____ Acreage: aaaaaaaaaaaaaaaaaa

Cr r decp v Name: 'aaaaaaaaaaaaaaaaaaaaaaaaa Applicant Phone Number: aaaaaaaaaaaaaaaaaa

Ar r decp v Tax Mailing Address: 'aaa

.....'aaa

Owner Name: 'aaaaaaaaaaaaaaaaaaaaaaaaa Owner Phone Number: aaaaaaaaaaaaaaaaaa

Owner Tax Mailing Address: aa

" aa

Rgcug'lwvg'Cr r decp v)u'Request wq'dg'authorized by'Qwner:

aaa _____

aaa_a

I hereby certify that:
I am the property owner of record. I authorize the above listed cr r decp v to act on my behalf for the purposes of this application.

Rgcug'pqvt k g'dgnt g'li plpi 'f qewo gpv<KY G'EGTVKH 'CPF 'CEMP QY NGFI G'VJ CV' VJ G'K HQTO CVKQP 'EQP VCKP GF 'HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Owner Signature: _____ Date: _____

Owner Name: _____

State of Ohio, County of _____. The foregoing instrument was acknowledged before me on _____ by _____ (name of person acknowledged or applicant).

Notary Public Seal and Signature:

My commission expires: _____