



AFFIDAVIT OF PROPERTY OWNERSHIP

Department of Building, Planning, & Development

210 S Cedar St PO Box 506 Auburn IN 46706 | 260.925.6449 | 260.925.8239 fax | bpd@ci.auburn.in.us

PROPERTY OWNER INFORMATION

Name	
Mailing Address	
Phone / Email	

PROJECT LOCATION

Address	
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AUTHORIZED AGENT

Name									
Phone/Email									
Application Type	<table><tr><td><input type="checkbox"/></td><td>PC</td><td><input type="checkbox"/></td><td>BZA</td><td><input type="checkbox"/></td><td>Demolition</td><td><input type="checkbox"/></td><td>Other _____</td></tr></table>	<input type="checkbox"/>	PC	<input type="checkbox"/>	BZA	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	PC	<input type="checkbox"/>	BZA	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Other _____		

OWNERS CERTIFICATION AND SIGNATURE

I certify that I am the owner of the property listed above as the project location. The authorized agent listed above is designated to act on my behalf for matters pending before the City of Auburn according to the application types checked above.

By: _____

Owner, Signature

Owner, Printed Name

Date

By: _____

Owner, Signature

Owner, Printed Name

Date

OWNER ACKNOWLEDGEMENT

State Of _____)

) SS:

County Of _____)

BEFORE ME, the undersigned Notary Public in and for said County and State, this _____ day of _____, 20____ personally appeared the within named _____ herein "Owner"

WITNESS my Hand and Notarial Seal

By: _____

Notary Public, Signature

Notary Public, Printed Name

Number / Expiration Date or Stamp