



## 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					
<b>PROJECT LOCATION</b>					
Address					
<b>AUTHORIZED AGENT</b>					
Name					
Phone/Email					
Application Type	PC	BZA		Demolition	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