



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	<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