

ATTESTS AND SIGNATURES

State of Indiana)
) SS:
County of Hamilton)

I attest that all of the above information is true and correct to the best of my knowledge and belief. I understand that any materially false, misleading, or incomplete statements on this application shall constitute grounds for denial of this application and/or revocation of my request.

Owner's Printed Name:

Owner Signature (**Required**): _____

Subscribed and Sworn to before me this _____ day of _____, 20 _____

Notary Signature _____

(Printed Name, Commission Expires, Resident of What County or STAMP)

Applicant or Developer's Printed Name

Applicant or Developer's Signature _____

Subscribed and Sworn to before me this _____ day of _____, 20 _____

Notary Signature

(Printed Name, Commission Expires, Resident of What County or STAMP)

PRIOR TO ANY SUBMITTALS FOR THE NOTED APPLICATIONS, A PRE-FILING MEETING IS REQUIRED WITH PLANNING DEPARTMENT REPRESENTATIVES.

Pre-Filing Meeting Date

Planning Representative(s)