## AFFIDAVIT

## TO BE COMPLETED BY OWNER OF TITLE OF THE FOLLOWING PROPERTY:

Property Address	:				
Town of Plattsbu	rgh, Clinton County, N	lew York			
Tax Map Parcel(s):		Zoning District(s):			
Application:	Subdivision	Site Plan	Special Use Permit	Use Variance	Area Variance
		In The State	of New York, County of C	Clinton:	
That			, the unde	rsigned, being duly swo	orn deposes and says:
1 That he	she resides at				in
					vner of the within Property
			true to the best of his/he		
	fat the statements con		the to the best of his/he	i knowledge and beller	
<b>2</b> . That we hereb	ov authorize				to act as our
			may come before the To		Planning Zoning Board.
			,,		
<b>3.</b> That he/she h	as the legal right to m	ake or authorize th	e making of said application	on.	
<b>4</b> . That he/she u	inderstands that the T	own of Plattsburgh	Planning / Zoning Board	intends to rely on the f	oregoing representation in
making a determi	nation to issue the red	quested application	s and approvals and that	under penalty of perjur	ry he/she declares that he/she
has examined this	s affidavit and that it is	s true and correct.			
5. In the matter	of pending applicatior	before the Town <b>P</b>	Planning / Zoning Board fo	or a	, the
					nd qualifications hereinafter
set forth in the Zo	oning Code of the Tow	n of Plattsburgh; ex	cept as set forth in the pe	ending	variance application.
<b>6</b> . The undersign	ied, owner of the subj	ect premises, furthe	er certify that the propose	d use is not restricted	or otherwise prohibited by or
from covenants, a	agreements or other re	estrictions running	with the subject lands	(initial)	
<b>7</b> . That he/she u	understands that the a	opproval or disappro	oval of this <b>subdivision / s</b>	ite plan/ special use p	<b>ermit</b> by the Planning Board
does not constitu	te express or implied s	support for any req	uired expansion of any sp	ecial (highway, sewer,	water, fire or other) district.
	) Wner <i>Signature</i>			Owner Signa	
0	when signature			Owner Signa	נעוכ

Sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_\_,

\_\_\_

Notary Public Signature