

AFFIDAVIT STATING APPLICANT WILL BE ABSENT

I, _____ (Applicant) hereby confirm that I will be unable to be in attendance at the Board meetings dealing with my Application to the Planning and/or Zoning Board of Appeals.

I am in complete agreement with the terms of the application.

Applicant

NOTARIZED AFFIDAVIT FOR REPRESENTATIVE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____ and proved to me through satisfactory evidence of identification which was (type of identification) _____ to be the person whose name is signed on this document who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Signature of Notary Public

Commission Expiration Date of Notary Public

Signature of Notary Public

Commission Expiration Date of Notary Public