

**AFFIDAVIT OF PROPERTY OWNERSHIP**

Department of Economic Development & Planning

210 North Public Square Angola, Indiana 46703 | 260.665.7465 | 260.665.9164 fax | planning@angolain.org

PROPERTY OWNER INFORMATION	
Name	
Mailing Address	
Phone / Email	
PROJECT LOCATION	
Address	
AUTHORIZED AGENT	
Name	
Phone / Email	
Application Type	<input type="checkbox"/> PC <input type="checkbox"/> BZA <input type="checkbox"/> Other _____

OWNERS CERTIFICATION AND SIGNATURE

I certify that I am the owner of the property listed above as the property location. The authorized agent listed above is designed to act on my behalf for matters pending before the City of Angola according to the application type check above.

Owner Signature_____
Owner Printed Name_____
Date_____
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