

Instructions – Affidavit of Public Notice

Tippecanoe County Area Board of Zoning Appeals

1. This form can **ONLY** be filled out on the day of the hearing.
2. Please fill in the **Petitioner** name, **case #** (assigned by APC staff) and **public hearing date**.
3. Please fill in the date the letters were mailed, and the sign(s) was posted.
4. The rest of the form must be filled out in front of a Notary Public, only on the day of the hearing. By signing this form, you are acknowledging that the letters were sent, the sign(s) was posted at least 21 days before the hearing, and the sign(s) was kept in place for the full 21-day period and remains posted today (the day of the hearing). Please note that there may not be a Notary Public available at the hearing, so you must make arrangements prior to attending the public hearing.

Affidavit of Public Notice**APPLICATION/PETITION**

Applicant/Petitioner (or Representative):

Case #:

Public Hearing Date:

AFFIDAVIT

I/we hereby certify that notice of public hearing to consider the above application/petition was sent by certified mail to the last known address of each of the following persons, as attached hereto as Exhibit A, they being all persons to whom notice was required to be sent by the bylaws of the Area Plan Commission of Tippecanoe County, Indiana (APC) or the Area Board of Zoning Appeals of Tippecanoe County, Indiana (ABZA), and that said notices were postmarked on the day of _____, 20____, being at least twenty-one (21) days prior to the scheduled public hearing.

I/we further certify that the notice sign(s) required to be posted on the subject property described in the above application/petition were posted on the subject property in accordance with the bylaws of the APC or ABZA on the day of _____, 20____, being at least twenty-one (21) days prior the scheduled public hearing, and remained on said property in a conspicuous place for the full twenty-one (21) day period as required by the bylaws of the APC or ABZA.

The above information, to my knowledge and belief, is true and correct.

Signature_____
Date_____
Signature_____
Date

STATE OF _____)
COUNTY OF _____) SS:

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires: _____

County of Residence: _____

Signature of Notary Public_____
Printed Name of Notary Public