

Statement of Financial Responsibility

The undersigned of the proposed project to be known as

do hereby agree to take full responsibility of financial payment of review fees incurred on the above project. I am aware that the review fees will begin as soon as a permit application is filed and continues until the project is approved and/or withdrawn. I understand that if the project is withdrawn the review fees are still due and payable from the application date to the date on the letter of withdrawal. No project will receive an approval letter, nor will the plat be approved for recording until all fees are paid. All review fees are made payable to the PCPBD.

The undersigned, having duly sworn upon oath, that the above information has been read and fully understood to be true and correct and is (undersigned) voluntary act and deed. The undersigned assumes responsibility for the aforementioned fees.

Signature

Mailing Address

Signature Printed

City, State, Zip Code

STATE OF INDIANA)
)
COUNTY OF _____)

Subscribed and sworn before me, a Notary Public, within and for said County and State, this _____ day of _____, 20_____.

My Commission Expires_____

Notary Public_____

(Notary Stamp or Seal)