Planning & Building Services Department
300 E Pike St | Crawfordsville, IN 47933
crawfordsville.in.gov | 765-364-5152

TECHNICAL ADVISORY COMMITTEE

Docket #: _____ Filing Date: _____

Applicant's Name: _____ Phone: _____

Representative's Name: _____ Phone: _____

Project to be Known As: _____

Address or Property Location: _____

Application Type: ☐ Standard Zoning District ☐ Planned Unit Development District ☐ Text Amendment
☐ Primary Plat ☐ Secondary Plat ☐ Site Plan ☐ Board of Zoning Appeals

DELIVERY AFFIDAVIT

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath certifies that on behalf of the above application, that I caused copies of said application and supporting plans and materials to be delivered electronically or in hardcopy on the day of _____, 20_____ to the members of the Crawfordsville Technical Advisory Committee members as set forth in the attached.

_____ _____
Applicant/Representative (Signature) Applicant/Representative (Printed Name)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the above party, who having been duly sworn acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this _____ day of _____, 20_____.

State of _____, County of _____, SS:

_____
Notary Public Signature

_____
Notary Public (Printed Name)