STATE OF INDIANA

COUNTY OF [County where notarization takes place]

**AFFIDAVIT OF ZONING OFFICIAL**

The undersigned, being duly sworn, hereby affirms under the penalties of perjury that:

1. Sign Owner has applied for a permit with the local unit of government
\_\_\_\_ [official name of the zoning authority] \_\_ to erect and maintain an outdoor advertising sign (the “Sign”).
2. I, [name of person in charge of keeping zoning records], [official title of the post], for [County], Indiana. In this capacity. I have custody of and am responsible for the zoning records for the [official name of the zoning authority].
3. I have inspected the records and find that the sign located at [legal description of the land on which the sign is located] \_\_\_\_\_\_\_\_\_\_\_ is in an area zoned [zoning classification] , effective on \_\_\_\_[month, day, year] \_\_\_\_, pursuant to \_\_\_\_\_\_[resolution or ordinance] \_\_\_\_\_\_.
4. The documents hereto as **Exhibit A** [*list of documents attached to and authenticated by the affidavit include a zoning map, ordinance no. # and plat map*], are true and accurate copies of records reference above contained in the files and business records of

[official name of the zoning authority].

Further affiant sayeth not.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Zoning Authority

 By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name and Title

STATE OF INDIANA )

) SS:

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Before me, a Notary Public in and for said State and County, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and executed the foregoing Affidavit of Zoning Official on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

NOTARY PUBLIC (signature)

NOTARY PUBLIC (printed)

My Commission expires:

My County of Residence is: