

OWNER'S AFFIDAVIT

APC FORM 2015UB

STATE OF INDIANA)
) SS:
COUNTY OF VANDERBURGH)

Date: _____

APC Docket No.: _____

I, _____, the undersigned owner of the real estate described on the attached
(Printed Name Of Individual Land Owner)
survey plat, do hereby make application to subdivide said described land into the number of lots as specified on the attached
Subdivision Application, APC FORM 101SUB, in accordance with the requirements of the Evansville Municipal Code or the
Vanderburgh County Code.

I hereby affirm, under penalty of perjury, that the information within this application is true and correct and that I will fully
comply with all standards, specifications and conditions of approval as governed by the requirements of the code.

(Signature Of Land Owner. Include The Business Title Of Owner, If Applicable)

(Name Of Corporation If The Land Title Is Held By A Legal Entity With Equitable Interest)

(Complete Mailing Address, Including City, State And Zip Code)

(Phone No.)

(E-Mail Address)

OWNER'S ACKNOWLEDGEMENT OF AUTHORIZED AGENT:

I do hereby further acknowledge that by signing this Owner' Affidavit below, that the following named person has been
previously authorized to be my Attorney-In-Fact for real estate transactions and the management of my property. The Power
of Attorney has been recorded in the Office of Vanderburgh County Recorder and this document and its Instrument Number
has been properly shown and referenced in the Owner's Certificate of the proposed subdivision plat.

If, however, the named person below is a Trustee, then an Affidavit of Trust, or equivalent document, has been recorded in the
Office of Vanderburgh County Recorder with sufficient information to identify the name of the Trust and the Trustee and
sufficiently indicates what authority he or she holds. This document and its Instrument Number has been properly shown and
referenced in the Owner's Certificate of the proposed subdivision plat.

(Signature Of Individual Land Owner)

(Printed Name Of Attorney-In-Fact. Indicate POA Or Printed Name Of Trustee. Indicate Trustee)

NOTARY CERTIFICATE:

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

(Signature Of Notary)

(Printed Name Of Notary)

My Commission Expires _____ Notary Resides in _____ County, State of _____.

(Notary Seal)