

TOWNSHIP OF MARLBORO

ZONING BOARD OF ADJUSTMENT

1979 TOWNSHIP DRIVE

MARLBORO, NJ 07746-2299

PHONE: (732) 536-0200 EXT. 1217 FAX: (732) 536-7784

web: www.marlb主oro-nj.gov e-mail: zoning@marlb主oro-nj.gov

Chairperson
Michael Shapiro

Vice-Chairperson
Matthew Weilheimer

Secretary
Alon Salom

Attorney
Ronald D. Cucchiaro, Esq.

Engineer
CME Engineering
Laura Neumann, P.E.

Planner

CME Engineering
Laura Neumann, P.E.

Traffic Consultant
CME Associates

Zoning Officer
Steven Gottlieb

APPLICATION FOR HEARING

AKevin Royce
Saul Mankes
Robert Renna
Jo Ann Denton - Alt
1
Adele-Ehlin-Simon-
Alt #2
Zoning Board Clerk
Suzanne Rubinstein

Application ZB#: _____ (office use only)

Date Received: _____ (office use only)

(*4 COPIES OF PLANS *4 COPIES OF APPLICATION *MAPS MUST BE FOLDED) - MAPS AND PLANS
MUST ALSO BE SUBMITTED ON A DISK.

1. Please check the appropriate request(s).
☐ Concept Plan ☐ Site Plan ☐ Use Variance ☐ Bulk Variance(s)
☐ Minor Subdivision ☐ Major Subdivision ☐ Interpretation ☐ Appeal of Zoning Officer's Decision

2. APPLICANT'S NAME: _____

If a Corporation, State Name & d/b/a: _____

ADDRESS: _____

PHONE #: _____ CELL #: _____ E-mail: _____

3. State Applicant's relationship to Owner: _____

4. Represented by (Attorney): _____

Address: _____

Phone #: _____ Fax#: _____

5. Name of Proposed Development: _____

6. Purpose of this Application: _____

7. If Commercial or Industrial: State the Sq.Ft. of New Building: _____ # of Parking Spaces: _____

8. Use of any existing building on premises: _____

9. # of existing lots: _____ # of proposed new lots: _____

10. Use of the proposed building or premises: ☐ Residential ☐ Commercial ☐ Industrial
☐ Mixed Residential/Commercial ☐ Other _____

11. Location of premises: _____

12. _____
TAX MAP BLOCK LOT(S) NUMBER(S) TAX SHEET PAGE

13. Area of entire tract: _____

14. If there has been a previous appeal or application involving these premises, give details: _____

TOWNSHIP OF MARLBORO
ZONING BOARD OF ADJUSTMENT

DISCLOSURE STATEMENT

Application Number ZB _____ Date _____

Applicant Name _____

Received by _____ Date received _____

Disclosure Pursuant to N.J.S.A. 40:55D-48.1

To: The Township of Marlboro Zoning Board of Adjustment

Pursuant to N.J.S.A. 40:55D-48.1 _____
Applicant Name

Is a Corporation or Partnership, which has applied to the Township of Marlboro Zoning Board of Adjustment for permission to subdivide a parcel of land into six or more lots, or is applying for a variance to construct a multiple dwelling of 25 or more family units or for approval of a site to be used for commercial purposes under Zoning Board

Application Number _____ and, therefore, discloses the names and addresses of all stockholders or individual partners who own ten percent (10%) or more of it's stock or of ten percent (10%) or greater interest in the partnership as the case may be:

Name of Stockholder	Address	Percentage of Interest
---------------------	---------	------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Name (Print)

Applicant Signature

TOWNSHIP OF MARLBORO

AFFIRMATION OF LOCAL PAY TO PLAY ORDINANCE

This form must be completed by all parties seeking a land use approval from the Township which if approved, will result in having to execute a Developer's Agreement, Amended Developer's Agreement or Redevelopment Agreement with the Township of Marlboro.

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that _____ (insert name of business entity) has reviewed Chapter 18 of the Code of the Township of Marlboro (revised September, 2007) and certifies that it has not solicited or made, and will not solicit or make, any contributions in violation of the terms of said Chapter.

Chapter 18 of the Code of the Township of Marlboro prohibits developers and/or redevelopers, as defined further in said Chapter, from soliciting or making contributions of money, or pledges of contributions, including in-kind contributions, in excess of certain thresholds specified in said Chapter, within one calendar year immediately preceding the date of entering into a developer's agreement, redevelopment agreement, amended agreement, or contract to:

- Any Township candidate or holder of public office having ultimate responsibility for the award of the contract, or
- Any campaign committee of such candidate or holder of public office, or
- Any Township of Marlboro political party, or
- Any county party committee within the State of New Jersey, or
- Any candidate committee, state or Township political party committee, legislative leadership committee, continuing political committee or political action committee (PAC) organized under Section 572 of the Internal Revenue Code, that is organized for the purpose of promoting or supporting Township candidates or Township officeholders and/or that has within the last calendar year provided financial or in-kind support to Township of Marlboro municipal elections and/or to Township of Marlboro municipal or Township parties.

To review this Chapter and the important definitions and thresholds set forth therein, vendors may view the Township Code by going to the Township's website - www.marlbورو-nj.gov.

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Subscribed and sworn before me this _____ day of _____,
2016.

(Affiant)

My Commission expires:

(Print name & title of affiant) (Corporate Seal)

TOWNSHIP OF MARLBORO
Zoning Board of Adjustment

~~- CONFLICT & CONTRIBUTION DISCLOSURE STATEMENTS -~~

This form must be completed by all applicants for a variance, waiver or exception in conjunction with any application for a subdivision, not considered a minor subdivision, or a site plan, not considered a minor site plan. All applicants have a continuing obligation while their application is pending before the Zoning Board of Adjustment to amend this form to disclose all contributions and relationships that fall within the scope of the disclosure requirements. The information disclosed on this form shall not be used in any manner as evidence relevant to the decision-making criteria for granting the subject application.

As used in this form, the following terms shall mean:

DEVELOPER: The legal or beneficial owner or owners of a lot or of any land proposed to be included in a proposed development, including the holder of an option or contract to purchase, or other person having an enforceable proprietary interest in such land.

PROFESSIONAL: Any person or entity whose principals are required to be licensed by New Jersey law. Professional shall include both the individuals and, if applicable, the firms or entities in which said individuals practice.

CONTRIBUTION: Every loan, gift, subscription, advance or transfer of money or other thing of value, including any item of real property or personal property, tangible or intangible (but not including services provided without compensation by individuals volunteering a part or all of their time on behalf of a candidate, committee or organization), made to or on behalf of any candidate, candidate committee, joint candidates committee, political committee, continuing political committee or political party committee and any pledge, promise or other commitment or assumption of liability to make such transfer. For purposes of this form, any such commitment or assumption shall be deemed to have been a contribution upon the date when such commitment is made or liability assumed.

1. **CONTRIBUTION DISCLOSURE STATEMENT:** Please list below all contributions to any candidate, candidate committee, joint candidates committee, political committee, continuing political committee or political party committees of, or pertaining to, the Township of Marlboro made within one (1) year prior to the last municipal election through the time of filing the application with or seeking approval from the Zoning Board of Adjustment by (a) the applicant; (b) any developer involved in the application; (c) any associates (stockholders or individual partners) of said developers who are required to be disclosed pursuant to N.J.S.A. 40:55D-48.1 or 40:55D-48.2; and (d) any professionals who apply for or provide testimony, plans or reports in support of the application or who have an enforceable proprietary interest in the property or development which is the subject of the application or whose fee in whole or part is contingent upon the outcome of the application. Identify the name of the individual or entity who made the contribution, the recipient of the contribution, the amount of the contribution and the date of the contribution (*attach additional pages if necessary*):

APPLICATION ZB#: _____

NAME: _____

CONTRIBUTOR	RECIPIENT	AMOUNT	DATE

X _____
Signature Date

2. **CONFLICT DISCLOSURE STATEMENT:** List below any business, financial, social or family relationships between any current member of the Zoning Board of Adjustment and (a) the applicant; (b) any developer involved in the application; (c) all associates (stockholders or individual partners) of said developers who are required to be disclosed pursuant to N.J.S.A. 40:55D-48.1 or 40:55D-48.2; and (d) any professionals who apply for or provide testimony, plans or reports in support of the application or who have an enforceable proprietary interest in the property or development which is the subject of the application or whose fee in whole or part is contingent upon the outcome of the application. Identify the individuals or entities who have such a relationship and the nature of the relationship. *(attach additional pages if necessary)*:

APPLICATION ZB#: _____

NAME: _____

INDIVIDUAL/ENTITIES WITH RELATIONSHIP	NATURE OF RELATIONSHIP

X _____
Signature Date

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	
	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	<input type="checkbox"/> Other (see instructions) ► _____	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)		
5 Address (number, street, and apt. or suite no.) See instructions.		
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

TOWNSHIP OF MARLBORO

COMPLETENESS CHECKLIST for - BULK VARIANCE -

Notice To Applicants: This form must be completed and returned to the Administrative Officer when a Bulk Variance Application is filed with the Zoning Board of Adjustment. The applicant is required to address all items set forth on the Completeness Checklist. Failure to address each item will result in the application being deemed incomplete. *(Please type or print clearly.)*

Applicant:

Owner:

Project:

Location:

Block: _____ **Lot(s):** _____

Street Address: _____

Signature of person who prepared Checklist

Date

(Please TYPE or PRINT) Name and Title of person who prepared Checklist

For Zoning Board Use Only:

ZB#: _____ **Date Received by Board:** _____

BULK VARIANCE CHECKLIST	PROVIDED OR SHOWN	WAIVER REQUESTED
I. GENERAL REQUIREMENTS		
Submission of completed Application Form and Checklist(s) five (5 COPIES) w/ electrical copy (USB or CD).	<input type="checkbox"/>	<input type="checkbox"/>
Payment of escrow fees and administration fees.	<input type="checkbox"/>	<input type="checkbox"/>
Certificate that the Applicant is the owner of the land, or his properly-authorized Agent, or that the Owner has consented in writing to the filing of this application.	<input type="checkbox"/>	<input type="checkbox"/>
Concerning Corporations or Partnerships, submission of a list of names and addresses of all stockholders or individual partners owning at least 10% of its stock of any class as required by N.J.S.A. 40:55D-48.1, et. seq.	<input type="checkbox"/>	<input type="checkbox"/>
Certification from the Tax Collector that all taxes and assessments are paid to date.	<input type="checkbox"/>	<input type="checkbox"/>
Submission of current plats or plans with survey information of property (5 COPIES) w/ electrical copy (USB or CD) as necessary to show the variance(s) which are requested by the applicant. All plans submitted to the Board shall be signed and sealed by a N.J.P.L.S., N.J.P.E., N.J.P.P., N.J.R.A. or N.J.C.L.A. as required and folder into eights with title block revealed.	<input type="checkbox"/>	<input type="checkbox"/>
Submission of two (2) signed and sealed copy of a survey of the property for which the bulk variance is requested.	<input type="checkbox"/>	<input type="checkbox"/>
II. Plats Details		
The applicant shall submit to the Board a written statement which describes in detail the variance(s) which are requested and the reasons for which the requested relief should be granted. The statement should include a description of what is required in the zone and what is being proposed in order to identify the variances or deviations from the zoning requirements for which the applicant is seeking approval.	<input type="checkbox"/>	<input type="checkbox"/>
The applicant shall submit to the Board a plot plan and/or architectural plan as necessary to show the type, magnitude and extent of the relief which is requested and the impacts on the surrounding neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>
All plans submitted to the Board shall comply with the following minimum requirements:	<input type="checkbox"/>	<input type="checkbox"/>
Scale of not less than 1" = 50'. North arrow indicated.	<input type="checkbox"/>	<input type="checkbox"/>
Key Map at scale of 1" = 1,000'.	<input type="checkbox"/>	<input type="checkbox"/>
Title Block in accordance with the Rules governing Title Blocks for Professional Engineers (N.J.A.C. 13:40-1 et. seq.), including:	<input type="checkbox"/>	<input type="checkbox"/>
Name, signature, address and license number of the Professional(s) who prepared the Plan;	<input type="checkbox"/>	<input type="checkbox"/>
Date of original preparation and of each subsequent revision thereof and a list of the specific revisions entered on each sheet.	<input type="checkbox"/>	<input type="checkbox"/>
Schedule indication all zone requirements of Section 84-29D, showing required, existing and proposed, including impervious lot coverage breakdown. Storm water runoff calculations as per Section 84-104C.	<input type="checkbox"/>	<input type="checkbox"/>
The bearing and distances of all existing and proposed easements and/or rights-of-way, and wetland lines.	<input type="checkbox"/>	<input type="checkbox"/>
The zoning district(s) affecting the tract and a summary of the required and proposed area, yard and building requirements.	<input type="checkbox"/>	<input type="checkbox"/>
If a variance is requested for a proposed addition or new construction, then a sealed architectural sketch shall be submitted which demonstrates that the proposed addition is architecturally consistent with the existing structure or, in the case of new construction, demonstrates that the proposed structure is consistent with the architectural styles existing in the surrounding neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>

TOWNSHIP OF MARLBORO

Zoning Board of Adjustment

- PETITION ON APPEAL -

ZB#: _____

THE ZONING BOARD OF ADJUSTMENT OF MARLBORO TOWNSHIP:

Petition of _____ Respectfully shows that:

- a. _____ Applicant is owner of the property described below
- b. _____ Applicant is _____ and is duly authorized by _____, the owner of said property, to prosecute the within appeal. The affidavit of said owner is attached hereto.

The property affected by this appeal is known as _____

Block _____, Lot(s) _____, as shown on the latest tax map of the

Township. Said property is located in a _____ zone. As designated by the Zoning Map and Zoning Ordinance of the Township of Marlboro currently in effect.

_____ Applicant applied for a building permit to construct (make alterations to the following building or structure) for the following use: _____

_____ Applicant applied to the Zoning Officer for permission to: _____

The Zoning Officer declined to issue such permit on the _____ day of _____, for the following: _____

Front Yard Setback _____ Rear Yard Setback _____
Side Yard Setback _____ and _____
Height of Building _____ # of Stories _____
Other Information _____

Applicant requested that appropriate relief (variance), (recommendation of variance), (special use permit) be granted for the following: _____

There has been no prior application to this Board for any relief relating to the property affected by this appeal except _____

The following fees are submitted to support this petition:

a. Filing (Application Fee) of \$ _____ b. (Escrow) \$ _____
c. _____ d. _____

Applicant requests that a day be fixed for the holding of a Public Hearing on this Appeal. Applicant shall, in compliance with statutory requirements, cause the required Notices of the Public Hearing to be served upon all owners of property situated within two hundred (200) feet of the above described property affected by this appeal (if property is located within 22 feet of an adjacent municipality or abuts a county road or proposed county road) upon the _____ County Zoning Board and Municipality of _____ whereof Applicant respectfully states that your Zoning Board, after Public Hearing, grant the relief requested.

DATED: _____

Applicant's Signature

TOWNSHIP OF MARLBORO

Zoning Board of Adjustment

- VARIANCE APPLICATION -

1. Identification of all sections of zoning ordinances from which relief is sought.

2. Statement of reasons why variance(s) is/are needed.

Township of Marlboro

1979 Township Drive

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

WHEREAS, THE APPLICANT, _____
HEREINAFTER REFERRED TO AS THE APPLICANT/DEVELOPER, HAS
FILED AS APPLICATION FOR _____ VARIANCES AND
WAIVER FOR THE CONSTRUCTION OF _____
LOCATED ON BLOCK _____ LOT _____ IN THE
TOWNSHIP OF MARLBORO, AND WHEREAS, THE APPLICANT'S/
DEVELOPER'S APPLICATION ZBA _____ FOR SUCH RELIEF
WAS GRANTED APPROVAL BY THE MARLBORO TOWNSHIP ZONING
BOARD OF ADJUSTMENT DATED _____

WHEREAS, THAT RESOLUTION REQUIERED THE
APPLICANT/DEVELOPER TO INDEMNIFY AND HOLD HARMLESS THE
TOWNSHIP OF MARLBORO, ITS OFFICIALS, EMPLOYEES AND
CONSULTANTS.

NOW THEREFORE, IN ACCORDANCE WITH THE PROVISIONS AND
REQUIREMENTS OF SAID RESOLUTION, THE APPLICANT/DEVELOPER,
HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS THE
TOWNSHIP OF MARLBORO, ITS OFFICIALS, EMPLOYEES AND
CONSULTANTS, FROM ANY AND ALL CLAIMS OF DAMAGE SUFFERED
OR ALLEDGED TO BE SUFFERED BY ANY PERSON ARISING FROM THE
ACTS OF APPLICANTS/DEVELOPERS NOTWITHSTANDING THE
APPROVAL OF THE DEVELOPER'S PLANS BY THE TOWNSHIP AND OR
OF ITS BOARDS OR AGENCIES WHETHER SAID DAMAGES ARE
SUSTAINED PRIOR TO, DURING OR AFTER CONSTRUCTION OF
APPLICANT'S/DEVELOPER'S PROJECT.

SIGNATURE _____ DATE _____

WITNESS _____

OWNER'S AFFIDAVIT OF AUTHORIZATION AND CONSENT

In the matter of _____ ZB# _____

Applicant

STATE OF NEW JERSEY
COUNTY OF MONMOUTH

_____ of full age, being duly sworn according
Name of property owner

to law and oath deposes and says:

I reside at _____

and am the owner in fee of _____

Name of company if applicable

Which company is the owner in fee of property located at _____
Marlboro Township, NJ. designated as Block _____ Lot _____
on the latest Tax Map of Marlboro Township.

The applicant above named is the (my) _____

Relationship to owner

I (or said company) authorizes said Applicant to appeal to the Zoning Board of
Adjustment of Marlboro Township for such relief as the applicant may seek relating to
said property and consent(s) to such appeal and agree(s) that any decision of the Zoning
Board of Marlboro Township on such appeal be binding upon me (said company) as if
said appeal has been brought and prosecuted directly, by me as owner.

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ Day of _____

Notary

Owner's Signature

Township of Marlboro
1979 Township Drive
Marlboro, New Jersey 07746
(732) 536-0200 FAX: (732) 536-7784

Renee Frotton
Tax Assessor
732-536-0200 Ext 1803

REQUEST FOR 200 FT. PROPERTY OWNERS LIST

PROPERTY KNOWN AS BLOCK _____ LOT _____

ADDRESS OF PROPERTY _____

REQUIRED FEE \$10.00 PER BLOCK & LOT

Applicant's Signature

DATE: _____

TO BE MAILED TO:

NAME _____
ADDRESS _____

TELEPHONE #(_____) _____

Exhibit No. _____

TOWNSHIP OF MARLBORO

ZONING BOARD OF ADJUSTMENT

1979 TOWNSHIP DRIVE
MARLBORO, NEW JERSEY 07746

TAX COLLECTOR'S CERTIFICATION

I, Kelly Hahn Tax Collector for the Township of Marlboro, do hereby certify and affirm that no taxes or assessment for local improvements are due or delinquent on Block _____, Lot(s) _____, as shown on the Tax Map of the Township of Marlboro.

Taxes paid thru _____

Taxes unpaid for _____

Print Name _____

Signature _____

Date _____

MARLBORO TOWNSHIP
ZONING BOARD OF ADJUSTMENT
AFFIDAVIT OF SERVICE

In the manner of

Applicant _____

State of New Jersey
County of Monmouth

Name of Party Making Application _____
of full age, being according to law, deposes and says:

1. I reside at _____
County of _____ and State of New Jersey.
2. I am the applicant, his or her agent or attorney in a proceeding before the Marlboro Township Board of Adjustment.
3. At least 10 (ten) days prior to the time appointed for hearing I served notice of this proceeding upon each and all of the owners of property affected by one of the following methods:
 - A) Certified mail, return receipts attached to this affidavit
 - B) Personally, by handing a copy of the Notice to the owner
4. A true copy of this notice and a list of the names and addresses of all persons notified indicating the date and manner of services are attached to this affidavit.

Applicant's Signature _____

Sworn and Subscribed by me before this _____ day of _____
2016.

Notary