

STATEMENT OF OWNERSHIP

Application No: _____

The owner(s) and/or applicant(s) listed on the attached _____, do hereby affirm that the listing attached to, and hereby made a part of this Statement of Ownership, identifies the name(s) and last known addresses of all of the following persons and entities in regard to the property that is the subject of the Application:

1. All applicants, title owners, contract purchasers, and lessees of the property; and, if any of the foregoing is a trustee, each beneficiary having an interest in the property.
2. Where any of those listed in (1) above is a corporation, all shareholders owning ten per cent (10%) or more of any class of stock issued by said corporation and where any of those listed in (1) above is a corporation having ten (10) or fewer shareholders, all such shareholders. This requirement may be waived by the Planning Director where the owner or applicant, as applicable, is a publicly-held corporation.
3. Where any of those listed in (1) above is a partnership, or limited liability company, all such partners, both general and limited, in a partnership, and all members of a limited liability company.
4. Where any of those listed in (1) above is a church, provide a list of all such trustees or if no trustees, then identify the president or vice-president of the corporation or association of the church.

Attach the listing of names and addresses on business letterhead of either the applicant, owner or agent, as required above.

: _____ <small>Print Name</small>	: _____ <small>Print Name</small>
_____ <small>Signature</small>	_____ <small>Signature</small>
_____ <small>Date</small>	_____ <small>Date</small>

Company, Title: _____ Company, Title: _____

Commonwealth/State of _____ City of _____

I, _____, a Notary Public in the City and State aforesaid, do hereby certify that the person(s) whose name(s) is (are) signed to the above writing bearing date on the _____ day of _____, 20____, has (have) acknowledged the same before me in my City and State aforesaid.

Signature

Notary Registration No: _____

My Commission Expires: _____