

RECORD OF HEARING

- I request a stenographic record of the hearing and agree to pay the appearance fee charged by the Court Reporter.
- I request that the record be made by electronic recording, in which case there is no appearance fee.

In either case, I understand that the cost of a transcript or copy thereof, will be paid by the party requesting it.

SWORN STATEMENT OF TRUTH

To be completed by all Applicants. This form may be notarized at the Community Development Office, Township of Upper St. Clair, 1820 McLaughlin Run Road, Upper St. Clair, PA. 15241. Office Hours are Monday through Friday, 8:00 AM to 4:00 PM.

Applicant, being duly sworn, says he/she is:

- the owner of the property in question.
- the authorized agent for the owner of record of the property for which the application is made. The owner's signed and notarized authorization to his/her agent to act on owner's behalf is required to be submitted.
- other, please specify

All information provided on and with this application is true and correct to the best of my knowledge or belief.

INDIVIDUAL APPLICANT:

Signature of Individual

PARTNERSHIP APPLICANT:

Name of Partnership

Signature

CORPORATE APPLICANT:

Name of Corporation

Signature

Title

AFFIDAVIT OF VERIFICATION

COMMONWEALTH OF PENNSYLVANIA)) SS:
COUNTY OF ALLEGHENY))

On this _____ day of _____, 20____, before me, the undersigned officer, personally appeared _____, known to me or satisfactorily proven to be: **(choose one:)**

- the individual whose name is subscribed to the within instrument;
- a partner of _____, a Pennsylvania General/Limited Partnership; or
- the _____ of _____, a corporation,

and acknowledged that **(choose one:)**

- he/she
- he/she as such _____ partner
- he/she as such _____ by signing the name of the corporation as himself/herself executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set by hand and official seal.

Notary Public