



INCORPORATED VILLAGE OF LINDENHURST
430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

AFFIDAVIT OF POSTING

In the Matter of the Application Of

P.O. Address:

STATE OF NEW YORK)
COUNTY OF SUFFOLK)

_____, BEING DULY SWORN, DEPOSES AND SAYS:

1. THAT (S)HE IS THE () APPLICANT () AGENT FOR APPLICANT
2. THAT THIS AFFIDAVIT IS MADE IN COMPLIANCE WITH THE PROVISIONS OF THE BUILDING ZONE ORDINANCE OF THE INC. VILLAGE OF LINDENHURST, CHAPTER 85, ARTICLE X, SECTION 85-70.1, REQUIRING AFFIDAVIT OF POSTING.
3. THAT THE DEPONENT HAS READ THE PROVISION OF THE AFORESAID CHAPTER OF THE BUILDING ZONE ORDINANCE OF THE INC. VILLAGE OF LINDENHURST, AND IS FAMILIAR WITH SAME.
4. THAT IN COMPLIANCE WITH THE PROVISIONS OF THE AFORESAID CHAPTER OR THE BUILDING ZONE ORDINANCE OF THE INC. VILLAGE OF LINDENHURST, THE DEPONENT HAS POSTED OR HAS CAUSED TO BE POSTED UPON THE PROPERTY WHICH IS THE SUBJECT OF THIS APPLICATION, A NOTICE OF SAID APPLICATION.
5. THAT SAID NOTICE WAS POSTED ON SUBJECT PROPERTY ON THE _____ DAY OF _____, _____.
6. THAT SAID NOTICE COMPLIES IN ALL RESPECTS WITH THE REQUIREMENTS, AS TO CONTENT, SIZE, FORM, MATERIAL, LOCATION AND TIME OF POSTING, ELEVATION AND LENGTH OF TIME DISPLAYED.
7. THAT THE DEPONENT MAKES THIS AFFIDAVIT KNOWING FULL WELL THAT THE TRUTH OF THE STATEMENTS CONTAINED HEREIN WILL BE RELIED UPON.

SIGNATURE

SWORN BEFORE ME THIS _____

DAY OF _____, 20 _____

NOTARY PUBLIC