



Zoning Board of Appeals
Department of Planning & Community Development
City Hall - Roosevelt Square
Mount Vernon, New York 10550-2060
(914) 699-7230 • FAX (914) 699-1435

Clinton I. Young, Jr.
Mayor

Irwin S. Davison, Esq.
Chair

AFFIDAVIT OF SIGN POSTING

In the matter of the application of _____
(Indicate Applicant's Name)

before the City of Mount Vernon Zoning Board of Appeals located at

(Indicate Location of Proposal)

in the City of Mount Vernon, New York.

ZONING BOARD OF APPEALS

STATE OF NEW YORK) :SS:

COUNTY OF WESTCHESTER)

_____, being duly sworn, says: I am over the 18 years of age and
(Indicate Name of Person that Placed the Sign)

reside at _____
(Indicate Street Address, City/Town/Village and State of Person That Placed the Sign)

On _____, 20____, I posted a sign at
(Indicate Day, Month and Year When Signage Was Placed)

(Indicate Location of Proposal)

noticing the Zoning Board meeting on _____
(Indicate the Board Meeting Date When This Application Will Be on the Agenda)

in accordance with the sign posting requirements set forth in the City Code.

(Signed) _____
(Signature of Person that Placed the Sign)

Sworn to before me this _____ day of _____, 20_____

Notary Public – or – Commissioner of Deeds

(PLEASE ATTACH A PICTURE OF THE POSTED SIGN ON THE BACK OF THIS SHEET)