



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

Richard Thomas
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)