AFFIDAVIT OF PROOF OF SERVICE PLANNING BOARD/BOARD OF ADJUSTMENT

OF

THE BOROUGH OF OCEANPORT

Case No.: _		Filed:	
	MUST BE FILED AND	OF NOTICES REQUIRED BY STATUTE VERIFIED WITH BOARD SECRETARY AT R TO MEETING OR CASE WILL NOT BE	
STATE OF COUNTY C	NEW JERSEY DF))ss.	
		, of full age, being duly sv	vorn
according to	b law, states that: (s)he reside	es at	
in the munic	cipality of	, County of	,
and State of	2	; that (s)he is the applicant in a	
proceeding	before the Planning Board / Boa	rd of Adjustment of	
New Jersey,	, having submitted an applicatio	n under the Subdivision / Site Plan / Zoning Ordinance, which h	, as
the Case No	o and relate	s to premises; t	hat
on	,20, (s)he se	rved written notice of the hearing on this application to all perso	ons on
the attached	l form owning property affected	by the application in the required form according to law. Either	by
handing a co	opy of said notice to the persons	listed on the attached Schedule or by registered or certified ma	ail to
the last know	wn address of the property own	er as shown by the most recent tax list of the Borough.	
		Applicant's Signature	
		r pprovin 5 515hurre	
Sworn to and	l Subscribed before me		

this _____ day of _____,

20 _____.

NOTE TO APPLICANT: Attach a list of all persons served

NOTE: This Affidavit of Service must be filed with the Board at least five (5) days prior to the hearing date.

NOTE: Notice of hearing must also be published in the official newspaper at least ten (10) days before hearing.

SCHEDULE

Personal Service

Name of <u>Person Served</u>	Place of <u>Service</u>	Date of <u>Service</u>	Person <u>Actually Served</u>
	<u>Service</u>	by Certified Mail	
Name of <u>Person Served</u>	Place of <u>Service</u>	Date of <u>Service</u>	Person <u>Actually Served</u>

<u>NOTE</u>: Attach copies of White Receipt for Certified Mail.