



Town of Kearny

Case # _____

Zoning Board of Adjustment

Town Hall Annex - 410 Kearny Avenue

Kearny, NJ 07032

Phone: 201-955-7881

www.kearnynj.org

Zoning Affidavit of Service

Date: _____

Property location: _____

Notice: Attach list of all persons served and return receipts. Proof of service of notices required by statute must be filed and verified with the Administrative Officer of the Board at least 48 hours prior to the meeting or the case will not be heard. For meeting dates, please [go to www.kearnynj.org/calendar](http://www.kearnynj.org/calendar).

_____, of full age, being duly sworn according to law, deposes and says that (s)he resides at _____, in the municipality of _____ County of _____, and the State of _____, that (s)he is/are the applicant in a proceeding before the Zoning Board of Adjustment of the Town of Kearny, being an appeal or application under the Zoning Ordinance and relates to the premises _____; that on _____, he gave me written notices of the hearing on the application to each and all of the persons upon whom service must be had, in the required form and according to the attached lists, and in the manner indicated thereon pursuant to R.S. 40:55D-12 and Town Ordinance 9.230 through 9.254. The said notice was served not less than ten (10) days prior to the date of the hearing.

Applicant's name

Sworn and subscribed to before me,
this _____, day of _____, 20_____.

Applicant's signature

Date

[Notary Seal]

Signature of Notary

Notary Public
My commission expires _____