

# PUBLIC NOTICE SIGN POSTING AFFIDAVIT

STATE OF ALASKA )  
 ) ss.  
FOURTH JUDICIAL DISTRICT )

**Posting Deadline:** \_\_\_\_\_

Instructions:

1. Post the sign(s) in accordance with #2 below.
2. Take a photograph of the posted sign.
3. Return this affidavit and the photograph to the Department of Community Planning at least 20 days prior to the Planning Commission meeting. If these items are not received on or before the posting deadline, your application may be postponed to a future meeting.
4. This affidavit must be notarized. The Borough has notaries on staff or you may use your own notary.

I, \_\_\_\_\_, being first duly sworn, depose and state that:

1. I have submitted an application identified as \_\_\_\_\_.
2. I have posted and will maintain public notice sign # \_\_\_\_\_ in accordance with the following provisions:
  - a. Sign is posted on the property on which my request for rezone, conditional use or variance has been made.
  - b. Sign is clearly visible from streets and roads.
  - c. Sign will be maintained free of snow or other materials which impede readability.
  - d. Sign is posted between an elevation of 2' and 8' above ground level and no further than 50' from roads to further ensure readability from streets.
  - e. Sign was posted on \_\_\_\_\_ (date) and complies with posting requirements of 20 days prior to the public hearing date.
  - f. I shall return the sign to the FNSB Department of Community Planning within 10 days following the final public hearing.
3. I understand a refund check of \$150.00 (the amount I have deposited for said sign) will be issued 7-10 days following return of the sign providing that sign is returned in usable condition.
4. This document is null and void when necessary action has been completed as provided in Item #2g.

\_\_\_\_\_  
*Signature*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(name and Address of Affiant)

SUBSCRIBED AND SWORN TO BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Alaska

Commission Expires: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_  
Fairbanks North Star Borough

DATE PREPARED: \_\_\_\_\_

FILE Number: \_\_\_\_\_

SIGN Number: \_\_\_\_\_

CHECK Number: \_\_\_\_\_

RECEIPT Number: \_\_\_\_\_

**SIGN RETURNED:** Date: \_\_\_\_\_

Initiate Refund:  YES  NO

Date: \_\_\_\_\_

Authorized By \_\_\_\_\_