

# STATEMENT OF TRUTH

COMMONWEALTH OF PENNSYLVANIA)  
COUNTY OF ALLEGHENY )ss

Deponent, being duly sworn, says that he/she is the:

- ( ) Owner of record of the property for which the application is being made, and that all statements and data furnished with this application are true and correct.
  
- ( ) Authorized agent for the owner of record of the property for which this application is being made and as such has express authority to bind such owner to all terms and conditions of any Occupancy Permit issued pursuant to this application, and that all statements and data furnished with this application are true and correct.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Notary Public  
My Commission Expires