



# Certified Survey Affidavit

Survey  
LCD 3  
V2 11/2014

Street Address of Proposed Premises \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

**In the case of a location outside the corporate boundary, include the following:**

I, \_\_\_\_\_, am a  County Surveyor  City Surveyor  Private Licensed Land Surveyor and have the knowledge and the authority to attest that the distance was measured by radial survey method from the nearest corporate city boundary to the nearest entrance of the proposed premises known as \_\_\_\_\_ (Business Name). Plat(s)/map(s) verifying the location that indicate the points between which the measurement was made and the distance can be provided upon request.

**In the case of a location inside the corporate boundary, include the following:**

I, \_\_\_\_\_, am a  County Surveyor  City Surveyor  Private Licensed Land Surveyor and have the knowledge and the authority to attest to the location of the premises known as \_\_\_\_\_ (Business Name) was determined by examination of corporate plats or other official records.

**Location of Premises (check one)**

- Within the incorporated boundaries of \_\_\_\_\_ (Name of City)
- Less than five miles from the nearest corporate boundary of \_\_\_\_\_ (Name of City)
- More than five miles from any incorporated city within \_\_\_\_\_ (Name of County)

If the premises is outside an incorporated city, please provide the exact distance (in hundredths of a mile) from the nearest corporate boundary to the nearest entrance of the premises.  .

By signing this form, I recognize state law requires the distance be measured in a straight line from the nearest entrance of the premises proposed for licensing to the nearest corporate boundary of the city or town.

\_\_\_\_\_  
Signature Title

Surveyor License or Registration Number \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

**Notary Seal**

Personally appeared \_\_\_\_\_  
before me a Notary Public for the State of \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name of Notary

My Commission Expires \_\_\_\_\_ Month, Day and Fourth digit of Year