

## AFFIDAVIT

Commonwealth of Pennsylvania, County of Armstrong

I, John St. Clair being duly sworn, according to law, depose and say that I (~~am the applicant~~) (~~am an officer or official of the applicant~~) (**have the authority to make this application**) and that the plans, reports and documents submitted as part of the application are true and correct to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (~~add/remove relevant portions in parenthesis~~).

Sworn and Subscribed to Before Me This

24th

Day of

August

2021

(month)

(year)



Signature of Applicant or Responsible Official



Notary Public

John St. Clair

Name (Typed)

Manager of Permitting

301 Market Street, Kittanning, PA 16201

Address

