Page ____ of ____

Special Exception Attachment to Par. 1(c)

DATE: _____

(enter date affidavit is notarized)

for Application No. (s):

(enter County-assigned application number (s))

PARTNERSHIP NAME & ADDRESS: (enter complete name & number, street, city, state & zip code)

(check if applicable) [] The above-listed partnership has <u>no limited partners</u>.

NAMES AND TITLES OF THE PARTNERS: (enter first name, middle initial, last name, and title, e.g., **General Partner, Limited Partner, or General and Limited Partner**)

(check if applicable) [] There is more partnership information and Par. 1(c) is continued further on a "Special Exception Attachment to Par. 1(c)" form.