

	, hereby attest to ownership of the property described below:	
Parcel I.D. Number(s)		
Location address:		
	for which this Application is submitted.	ed.
The ownership, as recorded on	the deed, is in the name of:	
Please complete the appropriate	e section below: NOTE: The person signing under section IV Acknowledgement, mube listed below as an officer or partner.	ıst
Individual	Corporation/Limited Liability Partnership Company (LLC)	
la .=	Provide Names of Officers/Members: Provide Names of General F	Partner
Government Entity		
		
	Dept. of State Registration No.:	
	Name/Address of Registered Agent:	
	Name/Address of Registered Agent.	
T Designation of O		
_	wner's Agent. (Leave blank if not applicable)	
As the owner of the above desi- below named party as my agen epresent me, or my company, application is accurate and com- he owner's agent must be the co	wner's Agent. (Leave blank if not applicable) gnated property and the applicant for which this affidavit is submitted, I wish to designate in all matters pertaining to the location address. In authorizing the agent named below I attest that the application is made in good faith and that any information contained in the plete to the best of my knowledge and belief. (Note: Prior to the issuance of a building pontractor listed on the permit application.)	to he
As the owner of the above designed on the selow named party as my agent appreciation is accurate and complete owner's agent must be the company.	wner's Agent. (Leave blank if not applicable) gnated property and the applicant for which this affidavit is submitted, I wish to designate in all matters pertaining to the location address. In authorizing the agent named below I attest that the application is made in good faith and that any information contained in the plete to the best of my knowledge and belief. (Note: Prior to the issuance of a building possible to the best of my knowledge and belief.)	to he
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As the owner of the above designed on a med party as my agen represent me, or my company, application is accurate and complete the owner's agent must be the component of the owner's Agent: Address: Contact Person: III. Notice to Owner A. All changes in Ownership	wner's Agent. (Leave blank if not applicable) gnated property and the applicant for which this affidavit is submitted, I wish to designate in all matters pertaining to the location address. In authorizing the agent named below attest that the application is made in good faith and that any information contained in the plete to the best of my knowledge and belief. (Note: Prior to the issuance of a building pentractor listed on the permit application.) Telephone No.: **Applicant's Agent prior to issuance shall require new affidavit. If ownership changes ligations and the original applicant is released from responsibility for actions taken by one of the prior to the issuance of a building pentractor.	to the ermit,

IV. Acknowledgement.

• Individual • Corp	ooration/LLC • P	artnership	
Signature Print C	orporation/LLC Name Pri	nt Partnership Name	
Print Name: By:	Signature By	:	
Address:	Signature ame: Pri	Signature nt Name:	
Phone #: Its:	Its:		
• Government Entity	Ad	dress:	
Phone =	#: Pho	one #:	
Print Government Name			
By:			
Print Name:			
Title:			
Department:			
NOTARY INFORMATION (Please use ap	propriate block.)		
STATE OF			
• Individual	Corporation/LLC	• Partnership	
Before me, thisday of, 20, personally appeared who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. • Government Entity Before me, this day of 20, personally appeared as and on behalf of who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.	a corporation/ (State) LLC, on behalf of the corporation/ LLC, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.	Before me, thisday of, 20, personally appeared, partner/agent on behalf of, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.	
Signature of Notary My co	MRY STAMP: mmission expires:		
Print Notary Name Identify	Personally knormalized Produced I.D		

Growth Management Department | Location: 435 N. Macomb Street | Mailing: 300 S. Adams Street Box B 28, Tallahassee, FL 32301 Land Use & Environmental Services Division | Phone: (850) 891-7001, option 4 | Fax: (850) 891-7184 Building Inspection Division | Phone: (850) 891-7001, option 2 | Fax: (850) 891-0948