

Ι,		, hereby attest to ownership of t	he property described below:
		, j	
Loc	eation address:		
		for v	
The	e ownership, as recorded on the dec	ed, is in the name of:	
Ple	ase complete the appropriate section	on below: NOTE: The person signing undo be listed below as an off	er section IV Acknowledgement, must ïcer or partner.
• I	ndividual	• Corporation/Limited Liability Company (LLC)	-
• (Government Entity	Provide Names of Officers/Members:	Provide Names of General Partners
		Dept. of State Registration No.:	
		Name/Address of Registered Agent:	
II.	Designation of Owner	's Agent. (Leave blank if not ap	plicable)
belorepa app the	ow named party as my agent in all resent me, or my company, I attest lication is accurate and complete to owner's agent must be the contractor.	property and the applicant for which this affida matters pertaining to the location address. In au that the application is made in good faith and the othe best of my knowledge and belief. (Note: In or listed on the permit application.)	athorizing the agent named below to nat any information contained in the
	dress:		
Contact Person:		Telephone No).; <u> </u>
TT	Notice to Owner		
	I. Notice to Owner.		
		licant's Agent prior to issuance shall require newns and the original applicant is released from res	
	after the change in ownership.	2 11	

IV. Acknowledgement.

• Individual • Cor	poration/LLC • H	Partnership	
Signature Print C	Corporation/LLC Name Prin	nt Partnership Name	
		Signature	
Print P	Name: Prin	nt Name:	
Addre	SS:Add	dress:	
Phone	#: Pho	one #:	
Print Government Name			
By:			
Print Name:			
Title: Department:			
NOTARY INFORMATION (Please use a)			
• Individual Before me, this day of who executed the foregoing instrument, and acknowledged before m that same was executed for the purposes therein expressed. • Government Entity Before me, this day of as and on behalf of who executed the foregoing instrument, and	personally appeared	• Partnership Before me, this day of, 20, personally appeared, apartner/agent on behalf of, apartnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.	
acknowledged before me that same was executed for the purposes therein expressed.	ARY STAMP:		
Signature of Notary	ICI SIZUMI.		
My co	ommission expires:	-	
Print Notary Name Identi	fication Method: Personally know 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 3 | Fax: (850) 891-7184 Building Inspection Division | Phone: (850) 891-7001, option 2 | Fax: (850) 891-0948