

Approved as to form:  
Leon County Attorney's Office  
Suite 217, 301 South Monroe St.  
Tallahassee, FL 32303



Leon County  
Board of County Commissioners

Department of Development Support &  
Environmental Management  
435 North Macomb St.  
Tallahassee, FL 32301  
Phone#: (850) 606-1300  
Fax#: (850) 606-1301

# Sign Posting Affidavit

This Sign Posting Affidavit shall be signed and dated in the presence of a Notary Public and uploaded, with attached photographs of the sign posted on the property, to the project's associated DigEPlan file within 7 calendar days of an application being submitted for review. All signs required to be posted on a property that is subject to site and development review are required to meet the specifications outlined in the Sign Posting Specifications document.

## SIGN POSTING CERTIFICATION

I, \_\_\_\_\_, hereby attest that, as required by Chapter 10, Leon County Code of Laws, and as demonstrated by the attached photograph(s), which was taken at \_\_\_\_\_ a.m / p.m. on (date) \_\_\_\_\_, by me or under my direct supervision by \_\_\_\_\_, a sign(s) has been prominently displayed that is clearly visible and centrally located along the primary street(s) immediately adjacent to the property for the following project. I also understand that the sign(s) shall remain in place as posted until all applicable approvals for the project are obtained, and will be removed within 10 days after completion of all applicable approvals.

PROJECT NAME :

PROJECT #:

PARCEL ID #:

APPLICANT'S OR AGENT'S SIGNATURE:

STREET(S) POSTED:

### NOTARY PUBLIC – CROSS THROUGH NOTARY SECTIONS NOT USED

STATE OF :

COUNTY OF :

For an individual or individuals acting in his, her or their own right; or

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.  
*(name of person acknowledging)*  
*(type of identification produced)*

For Corporation or Governmental Entity; or

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, as \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ corporation, on behalf of the corporation.  
*(name of officer or agent, title of officer or agent)* *(office held)*  
*(name of corporation)* *(state)*  
He/she is personally known to me or has produced \_\_\_\_\_ as identification.  
*(type of identification produced)*

For Partnership

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_, by \_\_\_\_\_, partner on behalf of \_\_\_\_\_ a partnership. He/she is personally known to me or has produced \_\_\_\_\_ as identification.  
*(name of acknowledging partner)* *(name of partnership)*  
*(type of identification produced)*

SEAL

Signature of Notary

Print, Type or Stamp Commissioned Name of Notary

Title or Rank

Serial Number, If Any