

Approved as to form:
Leon County Attorney's Office
301 South Monroe St., Suite 202
Tallahassee, FL 32301



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

Applicant's Affidavit of Ownership & Designation of Agent(s)

Date: _____

PARCEL I.D.# (List all numbers for the site subject to this affidavit.):

I. OWNER INFORMATION

OWNER'S (S') NAME:

OWNER'S (S') MAILING ADDRESS:

CITY:

COUNTY:

STATE:

ZIP CODE:

II. DESIGNATION OF AGENT(S)

As the owner(s) of the above-designated property and the applicant(s) for which this affidavit is submitted, I wish to designate the below named party(ies) as my agent in all matters pertaining to the location address and concerning approval(s) and permit(s) required by Leon County. In authorizing the agent(s) named below to represent me or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

(1) Owner's Agent: _____

Address: _____

Contact Phone: _____ Email Address: _____

If the Owner intends the Designation of Agent to be limited in any manner, please indicate the limitation below (i.e., limited to obtaining a Certificate of Concurrency for the parcel; limited to obtaining a building permit application; etc.).

(2) Owner's Agent: _____

Address: _____

Contact Phone: _____ Email Address: _____

If the Owner intends the Designation of Agent to be limited in any manner, please indicate the limitation below (i.e., limited to obtaining a Certificate of Concurrency for the parcel; limited to obtaining a building permit application; etc.).

III. NOTICE TO OWNER(S)

Application is hereby made to obtain approval(s) and permit(s) for the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction and development of land in this jurisdiction. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

All changes in ownership and applicant's agent prior to issuance shall require a new affidavit. If ownership changes, the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

Deed Restrictions and Covenants

Prior to pursuing a permit application, applicants should review any Deed Restrictions and/or Covenants which may apply to a particular site. Applicants should be aware that Deed Restrictions or Covenants are private civil issues and therefore are not enforced or reviewed by the County. Based on this information, I hereby acknowledge that I have been advised that I should seek out and obtain information on my own to identify if there are any Deed Restrictions and/or Covenants on the use of the site associated with this permit application. _____ Owner's Initials

Public Record Information

Chapter 119, Florida Statutes, Section 119.071(4)(d) Subparagraphs a.-r. exempt the public release of select information pertaining to the name, address, and phone numbers of certain public employees, e.g. law enforcement personnel, their spouses and children.

Do you or your spouse fall into one of these protected categories? Yes ___ No ___

If yes, do you want the exempt information that is included on this application withheld from the public, or from any official public record request? Yes ___ No ___

The authenticity of the request to withhold this specific information from the public as specified in Chapter 119, Florida Statutes is subject to verification by this Department. _____ Owner's (s') Initials

Access to Property

By submitting this application, I (we) am (are) providing permission for Leon County personnel to inspect at reasonable times the property and work required under any permit issued under this application for compliance with applicable codes as specified in Leon County's Code of Laws, Chapter 10, Section 10-1.105 and 10-4.212. Unless the inspection requires entry into a private residence, no further permission will be required.

_____ Owner's (s') Initials

Modifications

Any changes to the limits of clearing, structure location/orientation, elevations, or drainage patterns shown on the approved plans may require additional review and new approval by Leon County.

_____ Owner's (s) Initials

WARNING TO OWNER: FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

I (we), _____, certify that I (we) am (are) the owner(s), as defined by Sections 10-1.101 or 10-4.201(a) of the Leon County Code of Laws, of the property described herein.

OWNER SIGNATURE (1):

OWNER SIGNATURE (2):

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)

Notary Seal

Signature of Notary

Print Name of Notary

Title or Rank