



Delivering Excellence Every Day

General Services Administration
Infill Housing Program
111 NW 1 Street, Suite 2460
Miami, Florida 33128
Main Number: (305) 375-4400
Fax Number: (305) 375-3545

Date Received ___/___/___
Received by: _____

INFILL HOUSING INITIATIVE
Application for Private Lots

Name of Applicant (Owner): _____

Phone No. _____ E-Mail Address _____

Mailing Address: _____

City _____, State _____ ZIP Code _____

Property Location _____ Folio No. _____

City _____, State _____ ZIP Code _____

LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION (If subdivided, lot, block, complete name of subdivision, plat book and page number. If metes and bounds complete description, including section, township and range.)

Zoning: _____ Size of Property: _____ ft. X _____ ft. Acres: _____

AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the owner of the property herein described and agree to develop the property with affordable housing in accordance with the County's Infill Housing Initiative (the Program) requirements. I further depose and say that I have been provided a copy of the Infill Housing Initiative Guidelines and understand the Program requirements.

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

Sworn to and subscribed before this
_____ day of _____, 2007

Notary Public, State of Florida
My Commission Expires:

Effective Date: 02/05/07