

Applicant's Affidavit

Zoning Application No.: _____

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted and advertised.

Date Stamp Received

OWNER OR TENANT AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) the owner tenant of the property which is the subject matter of the proposed zoning action.

Signature

Sworn to and subscribed to before me

Notary Public

This _____ day of _____, _____ Commission expires: _____

CORPORATION AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) the President Vice-President Secretary Asst. Secretary of _____ corporation, and as such, have been authorized by the corporation to file this application for public hearing; and that said corporation is the owner tenant of the property which is the subject matter of the proposed zoning action.

Attest

Authorized Signature

[Corp. Seal]

Sworn to and subscribed to before me

Notary Public

This _____ day of _____, _____ Commission expires: _____

PARTNERSHIP AFFIDAVIT

(I)(WE), _____, being first duly sworn, depose and say that (I am)(we are) partners of the _____ partnership, and as such, have been authorized to file this application for a public hearing; and that said partnership is the owner tenant of the property which is the subject matter of the proposed zoning action.

Name of Partnership

By _____ %

By _____ %

By _____ %

By _____ %

Sworn to and subscribed to before me

Notary Public

This _____ day of _____, _____ Commission expires: _____



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ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property which is the subject matter of the proposed zoning action.

Signature

Notary Public

Sworn to and subscribed to before me

This _____ day of _____, _____

Commission expires: _____

