



Alachua County, Board of County Commissioners
 Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
 Tel. 352.374.5249, Fax. 352.338.3224
<http://growth-management.alachuacounty.us>

Submit Application to:
 Development Services Division

PROPERTY OWNERS' AFFIDAVIT

 Owner

 Application No.

 Additional Owners

 Appointed Agent(s)

 Parcel Number(s)

 Section

 Township

 Range

 Type of Request

I (we), the property owner(s) of the subject property, being duly sworn, depose and say the following:

1. That I am (we are) the owner(s) and record title holder(s) of the property described in the attached legal description;
2. That this property constitutes the property for which the above noted land use request is being made to the Alachua County Board of County Commissioners;
3. That I (we), the undersigned, have appointed, and do appoint, the above noted person(s) as my (our) agent(s) to execute any agreement(s), and other documents necessary to effectuate such agreement(s) in the process of pursuing the aforementioned land use request;
4. That this affidavit has been executed to induce the Alachua County Board of County Commissioners to consider and act on the subject request;
5. That I (we), the undersigned authority, hereby certify that the foregoing statements are true and correct.

 Owner (signature)

 Owner (signature)

 Owner (signature)

STATE OF FLORIDA
 COUNTY OF ALACHUA

SWORN AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 2_____

BY _____

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION

 (TYPE OF IDENTIFICATION)

(SEAL ABOVE)

 Notary Public, Commission No. _____

(Name of Notary typed, printed, or stamped)