



Alachua County
 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

POSTED NOTICE 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 the owner or authorized agent representing the application of the owner and the record title holder(s) of the property described by the tax parcel and the Section/Township/Range listed above;
2. That this property constitutes the property for which the above noted land use or zoning request is being made to the Alachua County Board of County Commissioners;
3. That this affidavit has been executed to serve as posting of the "Notice of Land Use or Zoning Action Sign(s) which describes the nature of the request, the zoning district of the property and the telephone number where additional information can be obtained. In addition, the applicant has securely posted the sign(s) on the property along each street frontage, at intervals of not more than four hundred (400) feet, and set back no more than five (5) feet from the street and visible from the street. If the property does not abut a public right-of-way, signs have been placed at the nearest public right-of-way with an indication of the location of the subject property.
4. It is also agreed that the applicant shall maintain the signs(s) as provided above until the conclusion of the land use or zoning process and that the signs shall be removed within ten (10) days after the final action has been taken on the application.



5. That I (we), the undersigned authority, hereby certify that the foregoing statements are true and correct.

 Owner/Agent (signature)

 Owner/Agent (Print Name)

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)