



Alachua County, Board of County Commissioners
Department of Growth Management
10 SW 2nd Ave., Gainesville, FL 32601
Tel. 352.374.5243
<http://growth-management.alachuacounty.us>

Submit Application as a Pre-Application Screening permit
request online at <https://citizenserve.com/alachuacounty>

RECORDING SPACE

AFFIDAVIT FOR THE PROPERTY OWNER SEEKING APPROVAL OF CHANGE TO BUILDING SETBACK

BEFORE ME personally appeared _____, who after being duly sworn, and upon personal knowledge, deposes and says:

1. Affiant attests they are the owner of the subject property and as such have a right to file this affidavit.
2. Affiant intends to sell or build/modify a structure on Tax Parcel # _____ per recorded deed in OR Book _____, Page _____ and acknowledges this structure is required to meet building setback standards.
3. Alachua County heretofore approved a subdivision Plat for _____, recorded in Plat Book _____, Page _____ on _____ with setbacks noted on the Plat.
4. Alachua County Unified Land Development Code (ULDC) Sec. 402.56.5 allows property owners to utilize current ULDC zoning district setbacks via filing of a recorded affidavit and this action does not require a replat.
5. Affiant hereby chooses to utilize the zoning district setbacks established in Chapter 403 of the Alachua County ULDC, as amended, for the subject property.
6. Affiant attests that this change does not conflict with existing natural resource protection requirements or any other platted buffer or easement.
7. Affiant waives any claim against the County arising from disputes regarding building setbacks.

This affidavit must be recorded with the Clerk of the Court within one year of approval by Alachua County and prior to permitting any new structure or modification of an existing structure that does not comply with the recorded setbacks on their plat. Recording of an affidavit that has not been stamped as approved by Alachua County will not be recognized as the legal setback of the lot.

Affiant (signature) _____

Name of Affiant (printed) _____

Address of Affiant (line 1) _____

Address of Affiant (line 2) _____

STATE OF _____
COUNTY OF _____

SWORN AND SUBSCRIBED BY ____ Physical Presence or ____ Online Notarization
THIS _____ DAY OF _____, 2_____
BY _____
WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS
IDENTIFICATION _____

(SEAL ABOVE)

(TYPE OF IDENTIFICATION)

Notary Public, Commission No. _____
(Name of Notary typed, printed, or stamped)

APPROVED BY ALACHUA COUNTY GROWTH MANAGEMENT: _____ DATE: _____