



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

Submit Application to: **Building Division**  
 building@alachuacounty.us

**RECORDING SPACE**

**AFFIDAVIT FOR THE IMMEDIATE FAMILY  
 MEMBER SEEKING APPROVAL FOR A  
 FAMILY HOMESTEAD EXCEPTION**

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

1. Affiant intends to build a residence or place a mobile home on the property described by the attached legal description, incorporated herein, and promises to occupy the residence, if a Family Homestead Exception is granted, for at least five (5) years from the date of issuance of a certificate of occupancy.
2. Affiant understands that only one Family Homestead Exception may be granted per immediate family member and that once a Family Homestead Exception lot is created for that immediate family member, that Family Homestead lot shall not be further split or subdivided under the provisions of the Family Homestead Exception.
3. Affiant understands that he/she is the only person who shall be allowed to obtain a building permit for a residential structure on the lot on which a Family Homestead Exception is granted. Failure to apply for building permit or record legal documents within two years of the approval date shall cause the certificate to become null and void.
4. This affidavit has been executed to induce the Department of Growth Management to consider and act on an application for Family Homestead Exception.

Affiant (signature) \_\_\_\_\_

Name of Affiant (printed) \_\_\_\_\_

Address of Affiant (line 1) \_\_\_\_\_

Address of Affiant (line 2) \_\_\_\_\_

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)