



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

PROPERTY OWNERS' AFFIDAVIT FOR DEVELOPMENT PLAN REVIEW

Owner: _____ Project # _____

Additional Owners: _____

Appointed Agent(s): _____

Parcel Number(s): _____, _____, _____, _____, _____, _____, _____

Section _____ Township _____ Range _____ Address: _____

Description 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 application;
2. That this property constitutes the property for which the above noted development plan review request is being made to Alachua County;
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 development plan review request;
4. That I (we), the undersigned shall make available to Alachua county staff a means of reasonable access to the property for which an application has been submitted.
5. That this affidavit has been executed to induce Alachua County to consider and act on the subject request;
6. That I (we), the undersigned authority, hereby certify that the foregoing statements are true and correct.

 Owner (signature) Owner (signature) Owner (signature)

 Owner (print name) Owner (print name) Owner (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)