



Alachua County
 Department of Growth Management
 10 SW 2nd Avenue, Gainesville, FL 32601
 Telephone (352) 374-5249
[Alachua County Growth Management Website](#)

Submit Affidavit to:
 Development Services Division
[Development Review Email](#)

PROPERTY OWNERS' AFFIDAVIT FOR DEVELOPMENT PLAN REVIEW

PROJECT NAME: _____

OWNER: _____
 (if additional owners provide a separate affidavit)

APPOINTED AGENT: _____

PARCEL NUMBER(s): _____

APPROXIMATE PROJECT ADDRESS: _____

I, the property owner of the subject property, being duly sworn, depose and say the following:

1. *That I am the owner and record title holder of the property described in the attached application; and*
2. *That this property constitutes the property for which the above noted development plan review request is being made to Alachua County; and*
3. *That I, the undersigned, have appointed, and do appoint, the above noted person or 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; and*
4. *That I, the undersigned shall make available to Alachua County staff a means of reasonable access to the property for which an application has been submitted; and*
5. *That this affidavit has been executed to induce Alachua County to consider and act on the subject request; and*
6. *That I, the undersigned authority, hereby certify that the foregoing statements are true and correct.*

_____ Owner Signature _____ Owner Printed Name

The foregoing instrument was acknowledged before me by means of physical presence online notarization, this _____ Day of _____, _____, by _____ who is personally known or has provided satisfactory identification _____.

STATE OF FLORIDA

COUNTY OF _____

_____ Signature of Notary Public

_____ Printed Name of Notary Public

_____ Commission Number

(Notarial Stamp above)