



**Alachua County Board of County Commissioners  
Department of Growth Management**

10 SW 2<sup>nd</sup> Ave., Gainesville, FL 32601  
Website: <https://growth-management.alachuacounty.us>

Submit Questions to: **Development Review Division**  
Tel. 352.374.5243

[E-mail: developmentreview@alachuacounty.us](mailto:developmentreview@alachuacounty.us)

## MAILED NOTICE AFFIDAVIT FOR NEIGHBORHOOD WORKSHOP

Application Number: \_\_\_\_\_

Mailing Date: \_\_\_\_\_

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

Notice for the above application was deposited in the mail at least 15 days prior to the scheduled neighborhood workshop and complied with all applicable content and procedural requirements of Chapter 402 Article 5, §402.13 and §402.14 of the Alachua County Unified Land Development Code.

Applicant Signature: \_\_\_\_\_

Name of Applicant (print): \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year) by \_\_\_\_\_ (name of person) as \_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact) for \_\_\_\_\_ (name of party on behalf of whom instrument was executed).

STATE OF FLORIDA  
COUNTY OF ALACHUA

\_\_\_\_\_  
Signature of Notary Public – State of Florida  
Print, Type, or Stamp Commissioned Name of Notary Public  
Commission Number \_\_\_\_\_  
Personal Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

(SEAL ABOVE)