



Location: 435 N. Macomb Street
 Mail: 300 South Adams Street, B-28, Tallahassee, Florida 32301
 Land Use & Environmental Services: (850) 891-7100; Fax: 891-7184
 Building Inspection: (850) 891-7050; Fax: 891-7099

OWNERSHIP AFFIDAVIT & DESIGNATION OF AGENT

I. Ownership.

I, _____, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) _____

Location address: _____

_____ for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: _____

Please complete the appropriate section below:

NOTE: The person signing under section IV Acknowledgement, must be listed below as an officer or partner.

Individual

Corporation

Partnership

Government Entity

Provide Names of Officers:

Provide Names of General Partners:

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. Designation of Owner's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named below to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief. (Note: Prior to the issuance of a building permit, the owner's agent must be the contractor listed on the permit application.)

Owner's Agent: _____

Address: _____

Contact Person: _____ Telephone No.: _____

III. Notice to Owner.

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.) _____

IV. Acknowledgement.

Individual

Signature

Print Name: _____
Address: _____
Phone #: _____

Government Entity

Print Government Name

By: _____
Signature

Print Name: _____
Title: _____
Department: _____

Corporation

Print Corporation Name

By: _____
Signature

Print Name: _____
Its: _____
Address: _____
Phone #: _____

Partnership

Print Partnership Name

By: _____
Signature

Print Name: _____
Its: _____
Address: _____
Phone #: _____

NOTARY INFORMATION (Please use appropriate block.)

STATE OF _____
COUNTY OF _____

Individual

Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Government Entity

Before me, this _____ day of _____, 20____, personally appeared _____ as _____ and on behalf of _____, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this _____ day of _____, 20____, personally appeared _____ of _____, a _____ **corporation**, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this _____ day of _____, 20____, personally appeared _____ partner/agent on behalf of _____, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Signature of Notary

NOTARY STAMP:

Print Notary Name

My commission expires: _____

Identification Method: _____ Personally known.
_____ Produced I.D. – Type: _____