

Recording Affidavit

This **AFFIDAVIT** certifies that the parcel of land identified **BY LEON COUNTY TAX IDENTIFICATION NUMBER** _____ and owned by _____ and whose address is _____ is hereby granted a **LIMITED PARTITION** approval for the subdivision of an existing _____ **ACRE** parcel into _____ **LOTS**, pursuant to Chapter 9 of the City of Tallahassee Land Development Code. This affidavit and approval only satisfy the procedural requirements of the City of Tallahassee Land Development Code and shall be for informational purposes only and shall not be referred to for the purpose of conveying property. In addition, this approval and affidavit do not waive nor denote compliance with any other applicable federal, state, or local regulations or requirements.

The property owner(s) hereby agree that this document shall be recorded in the public records of Leon County, Florida, within thirty (30) days of issuance, and shall serve as evidence that the property owner(s) of record petitioned the City of Tallahassee for the subdivision of such lands.

To be completed by the City of Tallahassee Growth Management Department:

I hereby certify that on _____, 20____, the City of Tallahassee Development Review Committee approved the _____ **LIMITED PARTITION SUBDIVISION** as shown in the attached Exhibit 1. The approval was pursuant to Chapter 9 of the City of Tallahassee Land Development Code as amended. A copy of the subdivision is on file with the City of Tallahassee Growth Management Department.

Chair, Development Review Committee:

(Signature)

(Print Name and Title)

Witness:

(Signature)

(Print Name and Title)

STATE OF FLORIDA, COUNTY OF LEON

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced identification and who did (did not) take an oath.

(SEAL)

Signature of Notary Public

Print or Type Name

To be completed by the Property Owner(s):

Property Owner(s):

Signature/Print Name

Signature/Print Name

Witnesses (2):

Signature/Print Name

Signature/Print Name

STATE OF FLORIDA, COUNTY OF LEON

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced identification and who did (did not) take an oath.

(SEAL)

Signature of Notary Public

Print or Type Name

Prepared by: _____ Address: _____ Date: _____