

City of Jacksonville Planning & Development Department 214 N. Hogan Street, Suite 300 Jacksonville, Florida 32202

AFFIDAVIT OF PROPERTY OWNERSHIP AND DESIGNATION OF AGENT Individual

Owner (Affiant) Name	
Address(es) for Subject Property	
Real Estate Parcel Number(s) for Subject Property	
Appointed or Authorized Agent(s)	
Type of Request(s)/Application(s)	
STATE OF	
COUNTY OF	
BEFORE ME, the undersigned authority, this day personally appeared	
who being by me first duly sworn, under oath, deposes and states as follows:	

- 1. I am the owner and record title holder of the property described above and more specifically in the attached legal description (the "Subject Property"), which property is the subject of the above noted request(s)/application(s) being made to the City of Jacksonville.
- 2. I have appointed, and do hereby appoint, the above-noted person(s)/entity as agent(s) to act on my behalf in connection with the above-referenced request(s)/application(s). Said agent(s) is/are authorized and empowered to act as my agent to file application(s) for land use amendment(s), rezoning(s), and/or other development permits for the Subject Property as identified above and, in connection with such authorization, to file such applications, papers, documents, requests and other matters necessary to effectuate and pursue such requested change(s) and/or development permit(s) and including appearances before all City boards, commissions or committees on behalf of the application(s). In authorizing the agent(s) named herein to represent me, I attest that the application(s) is/are made in good faith.
- 3. I acknowledge that any change in ownership of the Subject Property and/or the designated agent(s) that occurs prior to the date of final public hearing or City Council action on the application(s) associated herewith shall require a new Affidavit of Property Ownership and Designation of Agent be submitted to the City of Jacksonville Planning and Development Department to reflect any such changes.

4. I further acknowledge and affirm that I am familiar with the nature of an oath and with the penalties provided by the laws of the State of Florida for falsely swearing to statements under oath. Under penalty of perjury, I hereby declare that I have examined this Affidavit and to the best of my knowledge and belief, it is true, correct and complete.

FURTHER AFFIANT SAYETH NAUGH	HT.
Signature of Affiant	
Printed/Typed Name of Affiant	
NOTA	ARIAL CERTIFICATE
, day of, 20	neans of \square physical presence or \square online notarization, this 0 , by, who is
\square personally known to me or \square has produc	ed identification and who took an oath.
Type of identification produced	
	Notary Public Signature
[NOTARY SEAL]	Printed/Typed Name – Notary Public
	My commission expires:

<u>NOTE</u>: APPLICATIONS SUBMITTED WITH AN INCORRECTLY COMPLETED, INCOMPLETE, OR ALTERED AFFIDAVIT OF PROPERTY OWNERSHIP AND DESIGNATION OF AGENT FORM(S) WILL <u>NOT</u> BE PROCESSED.

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