

AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA

Multiple authorizations may be necessary if there is more than one property owner.

Application Number: _____

Property Address (List all): _____

Folio Numbers (List all): _____

"That I am (we are) the owner(s) and record title holder(s) of the property noted herein"

Property Owner's Name(s): _____

"That this property constitutes the subject of the application for a (please check the appropriate box):"

- Rezoning Substantial Change Incremental Review Variance Review Board
- Alcoholic Beverage 1 Alcoholic Beverage 2 Special Use 1 Special Use 2 Other
- Design Exception 1 Design Exception 2 Formal Decision

I, THE UNDERSIGNED APPLICATION/AGENT, HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE AND HEREBY AUTHORIZE AND ALLOW REPRESENTATIVES OF THE CITY TO ACCESS THE PROPERTY UNDERGOING REVIEW FOR THE ABOVE REFERENCED REQUEST. IF MY PROPERTY IS GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON REQUEST FROM THE CITY. IN THE EVENT A PETITION FOR REVIEW IS FILED, I WILL ALLOW THE POSTING OF A NOTICE SIGN ON MY PROPERTY, EVEN IF THE REVIEW IS FILED BY A THIRD PARTY.

"That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described application"

"That the undersigned has(have) appointed and does(do) appoint the agent(s) stated herein as his(their) agent(s) solely to execute any application(s) or other documentation necessary to affect such application(s)" (if applicable)

Agent's Name(s): _____

The undersigned authorizes the above agent(s) to represent me (us) and act as my (our) agent(s) at any public hearing on this matter. Yes No *Only applies to rezonings, VRB, special use 2 and AB 2 requests.*

The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application. Yes No

"That I(we), the undersigned, hereby certify that the foregoing is true and correct"

Signature (owner): _____ Signature (applicant/agent): _____

(Print): _____ (Print): _____

Sworn to and subscribed on this date: Date: _____ **Sworn to and subscribed on this date:** Date: _____

Identification or personally known: _____ Identification or personally known: _____

Notary Signature: _____ Notary Signature: _____

Commission Expiration (Stamp or date): _____ Commission Expiration (Stamp or date): _____