

Please print and fax or mail completed form

TOWN OF LONGBOAT KEY
PLANNING ZONING BUILDING

561 Bay Isles Road
Longboat Key, FL 34228

Phone: 941/316-1966 FAX: 941/316-1970

Property Owner Affidavit

Planning Department
Authorized Agent

(I)(We) _____, as owner(s) of the property whose address and legal description is _____, hereby appoint _____ our _____ agent(s) to act on (my)(our) behalf for the request set forth below. (I)(we) understand that the agent may incur costs and expenses on our behalf in connection with (my)(our) request and agree to pay those fees and expenses in accordance with the Code of Ordinances of the Town of Longboat Key.

The nature of (my)(our) request is _____ (Variance, Zoning Determination, Special Exception, etc.)

Print or Type Property Owner's Name

Signature of Property Owner

Print or Type Property Owner's Name

Signature of Property Owner

Mailing Address of Property Owner(s): _____

Telephone Number of Property Owner(s)

Fax Number of Property Owner(s)

Mailing Address of Agent(s): _____

Telephone Number of Agent(s)

Fax Number of Agent(s)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2003, by _____, Owner(s) for and on behalf of whom this instrument was executed.

Notary Public State of _____
Typed Name: _____
Commission Expires: _____
Commission No.: _____

Personally Known _____
OR Produced Identification
Type of Identification Produced _____