

COVERAGE AFFIDAVIT
for Zoning Exceptions

If the work proposed, through the Zoning Exception approval process, is "new" or "alterations", revised itemized/detailed Lot Coverage and Non-Open Space calculations shall be required, accompanied by the *Coverage Affidavit*, to be completed by the individual preparing the calculations, and signed by both the individual preparing the calculations, as well as the property owner.

To be completed by the individual who prepared the coverage calculations:

I, _____, hereby affirm that the revised coverage calculations provided for _____ (property address) are accurate, and acknowledge that should the proposed work result in the Non-Open Space coverage exceeding the maximum allowable square footage, as per the Zoning Code, (or other governing approval document) that the owner may be required to bring the subject property into compliance, at the property owner's expense.

OWNER

SIGNATURE OF PROPERTY OWNER(S)/AGENT

(I) (WE) understand that this document becomes a part of the permanent records of the Town of Longboat Key. (I) (WE) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herein are true to the best of (my) (our) knowledge and belief.

Signature of Owner

Printed/Typed Name of Owner

NOTARIZATION OF OWNER'S SIGNATURE

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by _____.

Signature of Notary Public

Printed/Stamped Name of Notary Public

Personally know ___ OR produced identification ____. Type of identification: _____

INDIVIDUAL PREPARING CALCULATIONS

SIGNATURE OF INDIVIDUAL PREPARING CALCULATIONS

(I) (WE) understand that this document becomes a part of the permanent records of the Town of Longboat Key. (I) (WE) hereby certify that the above statements and the statements or showings made in any paper or plans submitted herein are true to the best of (my) (our) knowledge and belief.

Signature of Individual Preparing Calculations

Printed/Typed Name of Individual Preparing Calculations

NOTARIZATION OF SIGNATURE

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by _____.

Signature of Notary Public

Printed/Stamped Name of Notary Public

Personally know ___ OR produced identification ____. Type of identification: _____