

**TOWN OF LONGBOAT KEY
PLANNING ZONING BUILDING**

501 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 _____