



PROPERTY OWNER AUTHORIZATION AFFIDAVIT

OWNER OF RECORD INFORMATION:

BUSINESS NAME: _____
CONTACT NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FACSIMILE: _____ CELLULAR: _____
EMAIL: _____

APPLICANT INFORMATION:

BUSINESS NAME: _____
CONTACT NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FACSIMILE: _____ CELLULAR: _____
EMAIL: _____

PROPERTY/SITE INFORMATION:

PROJECT NAME: _____
SITE ADDRESS: _____
COUNTY PROPERTY APPRAISER TAX PARCEL ID NUMBER(S): _____ - _____ - _____ - _____ - _____ - _____

NOTARIZATION:

STATE OF FLORIDA
COUNTY OF _____

I, _____ (PRINT OWNER NAME) BEING DULY SWORN DECLARE I AM THE OWNER OF THE PROPERTY IDENTIFIED ABOVE AND HEREBY AUTHORIZE THE ABOVE STATED APPLICANT TO APPLY TO THE CITY OF WINTER GARDEN FOR A(N) _____ (PERMIT/APPLICATION TYPE) FOR SAID PROPERTY REGARDING _____ (PROJECT NAME)

PROPERTY OWNER'S SIGNATURE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____, BY _____, WHO DID NOT TAKE AN OATH.

- PERSONALLY KNOWN OR;
- PRODUCED IDENTIFICATION / TYPE OF ID PRODUCED _____

NOTARY PUBLIC SIGNATURE

PRINT NAME

MY COMMISSION EXPIRES: _____

Notary Seal

**NOTE: A SEPARATE AFFIDAVIT IS REQUIRED FOR EACH OWNER.
A SEPARATE AFFIDAVIT IS REQUIRED FOR EACH APPLICATION.
EACH AFFIDAVIT MUST BE AN ORIGINAL WITH ORIGINAL SIGNATURES. NO COPIES WILL BE ACCEPTED.**