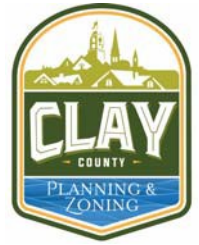




**Department of Economic and Development Services
Planning & Zoning Division**

P.O. Box 1366, Green Cove Springs, FL 32043
Phone: (904) 284-6300
www.claycountygov.com



PROPERTY OWNERSHIP AFFIDAVIT

Date:

Clay County Board of County Commissioners

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 1366

Green Cove Springs, FL 32043

Re: Certification of Ownership

To Whom it May Concern:

I, _____ hereby certify and affirm that I am the Owner of the property described in the address and parcel number noted in the application for _____

Owner's Electronic Submission Statement: Under the penalty or perjury, I declare that all information contained in this affidavit is true and correct.

I hereby certify that I have read and examined this affidavit and know the same to be complete and correct.

Signature of Owner: **Date:**

Printed Name of Owner:

Sworn to and subscribed before me this _____ day of _____ A.D. 20_____

Personally, known _____ or produced identification.

Type of identification produced _____ and number (#): _____

Signature of Notary **Date:**



Official Use Only:

Zoning: _____ Land Use: _____

Date Received: _____ Application Number: _____

New Heirs Address: _____

New Heirs Identification Number: _____

Application Received By: _____

Date Sent to Addressing: _____ Date Sent to Appraiser: _____

Zoning Approval

Property Approval

Addressing Approval

Final Approval Date: _____ By: _____