AFFIDAVIT OF OWNERSHIP AND DESIGNATION OF AGENT

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Please use additional sheets as needed. If any additional sheets are attached to this document, please sign here and note below: _____.

I. Ownership

I, _____, hereby attest to ownership of the property described below:

Tax Parcel Number(s): _____

Address of Property: _____

for which this _____ application is submitted to the City of Sanford.

II. Designation of Applicant's Agent (leave blank if not applicable)

As the owner/applicant of the above designated property for which this affidavit is submitted, I designate the below named individual as my agent in all matters pertaining to the application process. In authorizing the agent named below to represent me, or my company, I attest that the application is made in good faith and that all information contained in the application is accurate and complete to the best of my personal knowledge.

Applicant's Agent (Print): _____ Signature: _____

Agent Address: _____

Email: _____ Phone: _____ Fax: _____

III. Notice to Owner

A. All changes in Ownership and/or Applicant's Agent prior to final action of the City shall require a new affidavit. If ownership changes, the new owner assumes all obligations related to the filing application process.

B. If the Owner intends for the authority of the Applicant's Agent to be limited in any manner, please indicate the limitations(s) below. (i.e.: limited to obtaining a certificate of concurrency; limited to obtaining a land use compliance certificate, etc.)

_____

_____

The owner of the real property associated with this application or procurement activity is a (check one)

□ Individual □ Corporation □ Land Trust □ Partnership □ Limited Liability Company

□ Other (describe):_____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address.

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation. Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange.

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above.

   Name of Trust: _____

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above.

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is a corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above.

   Name of LLC: _____

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

   Name of Purchaser: _____

   Date of Contract: _____

NAME	TITLE/OFFICE/TRUSTEE OR BENEFICIARY	ADDRESS	% OF INTEREST

(**Use additional sheets for more space**.)

7. As to any type of owner referred to above, a change of ownership occurring subsequent to the execution of this document, shall be disclosed in writing to the City prior to any action being taken by the City as to the matter relative to which this document pertains.

8. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the subject rezone, future land use amendment, special exception, or variance involved with this Application to become void or for the submission for a procurement activity to be non-responsive. I certify that I am legally authorized to execute this Affidavit and to bind the Applicant or Vendor to the disclosures herein.

_____ _____

Date **Owner, Agent, Applicant Signature**

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by _____,
on this _____ day of _____, 20_____.

_____ _____

Signature of Notary Public Print, Type or Stamp Name of Notary Public

Personally Known ____ **OR** Produced Identification ___

Type of Identification Produced _____