DEVELOPMENT SERVICES

Affidavit in Support of Certificate of Occupancy

(Alcohol Sales, Bed & Breakfast, Head Shop, Assisted Living, Community Home, and Transitional Home)

Name of Business	
Address of Business	
Proposed Use of Property	

By my signature below, I acknowledge that I am aware of the locational requirements related to the proposed use of the property. I further affirm that violations may result in suspension and/or revocation of this certificate of occupancy.

I hereby submit a certified survey map prepared by state licensed engineer or a state licensed surveyor that shows the required minimum distances from properties with protected uses or protected zoning. Said survey map shows the proposed use of the property meets the City's locational requirements.

_____ _____

(Date) **(Applicant Signature)**

STATE OF TEXAS §
§
COUNTY OF BEXAR §

Before me, the undersign authority, on this day personally appeared _____, the affiant who, after being duly sworn on oath, deposed and stated the facts herein set forth are true and correct.

Sworn to and subscribed before me on this the _____day of _____, 20____.

_____

NOTARY PUBLIC, STATE OF TEXAS

Type of Business	***Code References for Locational Requirements***
Alcohol Sales	Section 109.33 of the Texas' Alcoholic Beverage Code
Bed & Breakfast	Section 35-374 of the Unified Development Code
Head Shop	Section 35-377 of the Unified Development Code
Transitional Home	Section 35-390 of the Unified Development Code
Community Home	Section 35-376 of the Unified Development Code
Assisted Living	Section 35-376 of the Unified Development Code

Authorization by Property Owner

(Required if Applicant is not the owner of the subject property)

Property Owner	
Address of Business	
Proposed Use of Property	

By my signature below, I swear and affirm that I am the owner of the property. As the owner of the property, I give _____ permission to submit all necessary documentation in support of a Certificate of Occupancy Application for the above-listed proposed use of the property and to serve as my representative for this request. I further affirm that any violation may result in suspension and or revocation of the Certificate of Occupancy.

_____ **(Date)**

_____ **Property Owner Signature (and title, if Signing for a Partnership, Corporation or Trust)**

STATE OF TEXAS §
§
COUNTY OF BEXAR §

Before me, the undersign authority, on this day personally appeared _____, the affiant who, after being duly sworn on oath, deposed and stated the facts herein set forth are true and correct.

Sworn to and subscribed before me on this the _____day of _____, 20_____.

_____
NOTARY PUBLIC, STATE OF TEXAS