



**City of Daytona Beach Shores
PLANNING DIVISION
COMMUNITY SERVICES DEPARTMENT
2990 S. Atlantic Avenue
Daytona Beach Shores, FL 32118**

Phone: (386) 763-5376 Email: gherstein@cityofdbso.org

AFFIDAVIT OF RESPONSIBILITY & AUTHORIZATION

Property Owner's Affirmation: By signing below, I hereby grant authority to make specific application as described below for the property located at _____ and having Volusia County Parcel ID number _____. I understand the requirements relating to the specific development approval(s) being applied for, as described below, and I understand the process for the application being submitted as outlined in the City's *Code of Ordinances* and the *Planning/Zoning Development Application Instructions*. I acknowledge that neither approval nor denial of this application relieves me or my assigns from the requirements of the *Florida Building Code*, the *National Fire Prevention Act*, or any other regulation related to the proposed development contained in the described application(s).

I, _____, owner of the property described above in the capacity of
 ___ direct owner
 ___ exec. officer of the owning entity named _____
 ___ partner of the owning partnership named _____

hereby authorize _____
 to make application to the City of Daytona Beach Shores for the following development type and description _____

 _____.

PROPERTY OWNER'S SIGNATURE: _____ Date: _____

STATE OF _____
 COUNTY OF _____

Sworn to and subscribed before me ___ in person ___ or by on-line notarization this _____ day of _____ 20____, by _____ who is personally known to me or has produced _____.

Notary Public: _____ My Commission Expires: _____

Please note: One affidavit must be completed by each direct property owner or partner. Executive officers may submit one form. Please attach the current Division of Corporations pages identifying the officers or partners of the owning entity for all properties not under direct ownership.