



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

PRINT NAME

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.**