

STATE OF FLORIDA
COUNTY OF COLUMBIA

SPECIAL TEMPORARY USE
LAND OWNER AFFIDAVIT

This is to certify that I/We, _____

(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)

as the owner of the below described property:

Property Tax Parcel ID # _____

Subdivision _____

(Name, Lot, Block, Phase)

Give my permission for _____ to place the following on this property:

This is to allow a 2nd OR 3rd (**select one**) Mobile Home on the above listed property for a family member through Columbia County's Special Temporary Use Provision. I understand that this is good for 5 years initially and renewable every 2 years thereafter.

This is to allow a 6 month RV OR 12 month RV (**select one**) on the above listed property through Columbia County's Special Temporary Use Provision.

Relationship to Lessee: _____

(Name of parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child, or grandchild)

I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on the property.

Printed Name of Signor

Signature

Date

Printed Name of Signor

Signature

Date

Sworn to and subscribed before me on this _____ day of _____, 20_____

by physical presence or produced the following ID: _____

Printed Name of Notary

Signature

Notary Stamp: