

STATE OF FLORIDA
COUNTY OF COLUMBIA

SPECIAL TEMPORARY USE
LANDOWNER 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 number _____

Subdivision (Name, Lot Block, Phase) _____

Give my permission for _____ to place the following on
this property. (Family Members Name)

Relationship to Lessee _____
(Name of parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child, or grandchild)

This is to allow a 2nd / 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 / 12 month RV **(select one)** on the above listed property through Columbia County's Special Temporary Use Provision.

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

Printed Name of Signor _____ Signature _____ Date _____

Printed Name of Signor _____ Signature _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20____ by
_____ physical presence or _____ online notarization and this (these) person(s) are personally
known to me _____ or produced ID _____.

Printed Name of Notary _____ Signature _____

Notary Stamp