HASSEE TALLAHASSEE-LEON COUNTY PLANNING DEPARTMENT



## SIGN POSTING AFFIDAVIT

I,	, hereby atte	est that, as required by Chapter 10 of the
Tallahassee Land Developmer	nt Code and as demonstrated by the	e attached photograph, which was taken at
a.m./p.m. c	on, by me	e or under my direct supervision by
	, a sign has been prominently dis immediately adjacent to the property for	splayed that is clearly visible and centrally or the following project:
Project #:		
Project Name:		
Parcel #:		
Applicant Name:		
Agent Name:		
	shall remain as posted until all applicab after completion of all applicable approv	le approvals for the project are obtained, and vals.
🗆 Individual	□ Corporation	Partnership
Signature	Print Corporation Name	Print Partnership Name
Print Name:	By:	By:
Address:		
Phone #:		
	Address:	Address:

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

## □ Government Entity

By:	
-	Signature
Print Name:	
Title:	
Department:	
Department:	

NOTARY INFORMATION (Please use appropriate block.)			
STATE OF	COUNTY OF		
Individual			
	, 20, personally appeared who d acknowledged before me that same was executed for the purposes therein expressed.		
	NOTARY STAMP:		
Signature of Notary	My commission expires:		
Print Notary Name	Identification Method: Personally known. Produced I.D. – Type:		

3<sup>rd</sup> Floor, Frenchtown Renaissance Building, 435 North Macomb Street, Tallahassee, FL, (850) 891-6400