Highlands County, Florida
Development Services Department Application

AGENT'S AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am the **ATTORNEY-IN-FACT, AGENT or LESSEE** of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application, are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before hearings can be advertised. I also understand that it is my obligation to comply with any other lawfully adopted and recorded deed restrictions or covenants that are more restrictive or impose a higher standard, and that any action of this Board does not supersede those requirements.

_____ _____
Print Name of Agent Signature of Agent

_____ _____
Address: Number and Street (P.O. Box) City and State (Zip Code)

STATE OF FLORIDA
HIGHLANDS COUNTY

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20__, by _____ who is personally known by me ☐ or who has produced _____, as identification and who did take an oath:

_____
Signature

_____
Print Name

Notary Public, State of Florida
My Commission Expires: _____