

## AFFIDAVIT OF AUTHORIZATION

APPLICATION IS SIGNED BY INDIVIDUAL OWNER, APPLICANT. CORPORATION, LIMITED LIABILITY COMPANY (LLC). LIMITED COMPANY (LC), PARTNERSHIP, LIMITED PARTNERSHIP, OR TRUSTEE

Ι, _	(name), as	(owner/ti	tle) of
	(company/property), swear or aff	firm under	oath,
tha	t I am the owner or the authorized representative of the owner(s) of the property and	that:	

- I have full authority to secure the approval(s) requested and to impose covenants and restrictions on the referenced property as a result of any action approved by the Village of Estero in accordance with this application and the Land Development Code:
- 2. All answers to the questions in this application and any sketches, data or other supplementary matter attached hereto and made a part of this application are honest and true;
- I have authorized the staff of The Village of Estero Community Development to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made by this application; and
- The property will not be transferred, conveyed, sold or subdivided unencumbered by the conditions and restrictions imposed by the approved action.

## Notes:

- If the applicant is a corporation, then it is usually executed by the corporate president or vice
- If the applicant is a Limited Liability Company (LLC) or Limited Company (LC)., then the documents should typically be signed by the Company's "Managing Member."
- If the applicant is a partnership, then typically a partner can sign on behalf of the partnership.
- If the applicant is a limited partnership, then the general partner must sign and be identified as the "general partner" of the named partnership.
- If the applicant is a trustee, then they must include their title of "trustee."
- In each instance, first determine the applicant's status, e.g., individual, corporate, trust, partnership, estate, etc., and then use the appropriate format for that ownership.

[CONTINUED ON NEXT PAGE]

Village of Estero | 9401 Corkscrew Palms Circle | Estero, FL 33928 | Phone: 239.221.5035 | Fax: 239.494.5343 | www.Estero-fl.gov

## Under penalties of perjury, I declare that I have read the foregoing Affidavit of Authorization and that the facts stated in it are true. Signature of Owner or Owner-Authorized Agent Date Type or Printed Name STATE OF FLORIDA **COUNTY OF** Sworn to (or affirmed) and subscribed before me by means of $\Box$ physical presence or $\Box$ online notarization, \_\_\_\_\_\_ , \_\_\_\_\_ , by \_\_\_\_\_ [Person Making Statement] Signature of Notary Public Print, Type or Stamp Commissioned Name of Notary Public [SEAL] Personally Known $\square$ OR Produced Identification $\square$ Type of Identification Produced \_\_\_\_\_

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