



TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
(561) 732-2635 Main ♦ (561) 737-8359 Fax
oceanridgeflorida.com ♦ permit@oceanridgeflorida.com

Affidavit to Appoint Agent

Please check one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Plat or Re-Plat |
| <input type="checkbox"/> Building Permit (Revisions, etc.) | <input type="checkbox"/> Re-Zoning |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Concept Plan Review | <input type="checkbox"/> Special Exception |
| <input type="checkbox"/> Construction East of the CCCL | <input type="checkbox"/> Variance |
| <input type="checkbox"/> PRD Amendment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Planned Residential Development (PRD) | |

State of Florida
County of Palm Beach

Before me, this day _____ of _____, 20_____, personally appeared,
who, being duly sworn deposes and says that;

1. He/She is fee simple owner of the following described property, to wit: (Provide Property Address and Legal Description)

2. He/She desires to submit a _____ application to the Town of Ocean Ridge, Florida.
3. He/She has appointed _____ to act as agent in his/her behalf to accomplish the above.
4. He/She affirms and certifies that he/she understands and agrees to comply with the Town of Ocean Ridge Land Development Code. He/She further certifies that the statements, plans and all information submitted as a part of this application are true and correct to the best of his/her knowledge. Further, he/she understand that this application and attachments become part of the Official Records of the Town of Ocean Ridge, Florida and are not returnable.

Signature of Property Owner

Property Owner Printed Name

Notary Public Signature

Notary Printed Name

My Commission Expires _____ (SEAL)

Personally Known: _____ or ID: _____ (Type of Identification Provided)