



AFFIDAVIT OF OWNERSHIP AND AUTHORIZATION TO ACT

City of Melbourne



Project Name		City Project No.		
Owner Name			DATE RECEIVED	
Contact				
Address				
City, State, Zip				
Phone	()			
Fax	()			
Email				

I, _____, being the owner of _____
(Print Full Name) (Project Address and Legal Description)

authorize _____ to act on my behalf in the submittal
(Person and Name of Company)

of the attached development plan.

x _____
Signature of Owner **Date** _____

_____ **Title**

**COUNTY OF BREVARD
STATE OF FLORIDA**

The foregoing instrument was acknowledged before me this _____ day of _____,
 20_____, by _____ who is personally known to me or has produced
 _____ as identification.

STAMP:

 Notary Public Signature

 My Commission Expires