

This is to certify that I, (We), KARYN SHANDER
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Appraiser)

as the owner of the below described property:

Property tax Parcel ID number 18-7S-16-04236-024(22372)

Subdivision (Name, Lot, Block, Phase) CEDAR SPRINGS SHORES LOT 12 UNIT 2

Give my permission for CHARLOTTE REDING to place a
(Name of person authorized to sign as owner or place a structure)

Select one: Mobile Home Travel Trailer Utility Pole Only Single Family Home
 Barn Shed Garage Culvert Other (specify) REROOF

I (We) understand that the named person(s) above will be allowed to receive a building permit on the parcel number I (we) have listed above and this could result in an assessment for solid waste and fire protection services levied on this property.

KARYN SHANDER
Printed Name of Signor

Karyn M Shander
Signature

4/15/25
Date

Printed Name of Signor

Signature

Date

Printed Name of Signor

Signature

Date

Sworn to and subscribed before me this 15th day of April, 2025 by

____ physical presence or ____ online notarization and this (these) person(s) are personally

known to me ____ or produced ID FL DL# S536-513-58-717-0

Dawna R. Warren
Printed Name of Notary

Dawna R. Warren
Signature

Notary Stamp

