

STATE OF FLORIDA
COUNTY OF COLUMBIA

SPECIAL TEMPORARY USE
LANDOWNER AFFIDAVIT

This is to certify that I, (We) _____
(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 _____

Subdivision (Name, Lot Block, Phase) _____

Give my permission for _____ to place the following on
this property. (Family Members Name)

Relationship to Lessee _____
(Name of parent, grandparent, step-parent, adopted parent, sibling, child, step-child, adopted child, or grandchild)

This is to allow a 2nd / 3rd (select one) Mobile Home on the above listed property for a family member through Columbia County's Special Temporary Use Provision. I understand that this is good for 5 years initially and renewable every 2 years thereafter.

This is to allow a 6 month RV / 12 month RV (select one) on the above listed property through Columbia County's Special Temporary Use Provision.

I (We) understand that the named person(s) above will be allowed to receive a move-on permit for 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.

Printed Name of Signor Signature Date

Printed Name of Signor Signature Date

Sworn to and subscribed before me this _____ day of _____, 20____ by
____ physical presence or _____ online notarization and this (these) person(s) are personally
known to me _____ or produced ID _____.

Printed Name of Notary Signature

Notary Stamp