

STATE OF FLORIDA
COUNTY OF COLUMBIA

SPECIAL TEMPORARY USE
LANDOWNER AFFIDAVIT

This is to certify that I, (We) James and Cindy Waldron
(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 11-35-¹⁵45-00157-102

Subdivision (Name, Lot Block, Phase) _____

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

Relationship to Lessee Daughter
(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.

CINDY L. WALDRON
Printed Name of Signor

Cindy L Waldron
Signature

3-5-25
Date

JAMES B. WALDRON
Printed Name of Signor

James B Waldron
Signature

3-5-25
Date

Sworn to and subscribed before me this 5th day of MARCH, 20 25 by

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

known to me _____ or produced ID _____.

LINDA PENHALIGON
Printed Name of Notary

Linda Penhaligon
Signature

Notary Stamp

