This is to certify that I, (We), levosa Longabach,
(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 27-75-16-04338-001
Subdivision (Name, Lot, Block, Phase)
Give my permission for Name of person authorized to sign as owner or place a structure) to place a
Select one: Mobile Home Travel Trailer Utility Pole Only Single Family Home
OBarn OShed OGarage OCulvert Other (specify) Re ROF ON MONE
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.
Teresa Longoloch Signature Signature Signature Date / 12/29/24
Printed Name of Signor Signature Date
Printed Name of Signor Signature Date
Sworn to and subscribed before me this 21 day of 20 21 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 Public State of Florida Laurie M. Brace My Commission HH 239169 Exp. 3/10/2026