## STATE OF FLORIDA COUNTY OF COLUMBIA

## LAND OWNER AFFIDAVIT

Jose Rodriguez	
This is to certify that I, (We),	Property Appraiser)
as the owner of the below described property:	
Property tax Parcel ID number	
Subdivision (Name, Lot, Block, Phase) Downing Acres Lot 2	
Give my permission for Arisai Rodriguez to place (Name of person authorized to sign as owner or place a structure)	a
Select one: Mobile Home Travel Trailer Outility Pole Only Single F	amily Home
OBarn OShed OGarage OCulvert OOther (specify)	
I (We) understand that the named person(s) above will be allowed to receive a builon the parcel number I (we) have listed above and this could result in an assessme waste and fire protection services levied on this property.	ilding permit ent for solid
Jose RODR 16VEZ Printed Name of Signor Signature Signature	102/2024
Printed Name of Signor Signature Date	
Printed Name of Signor Signature Date	
Sworn to and subscribed before me this 2 <sup>ND</sup> day of OCT. , 2024 b	у
	personally
known to me or produced ID FL DL	
ANGELISKA LOPEZ  Printed Name of Notary  Signature  Signature	
Notary Stamp  ANGELISKA LOPEZ Notary Public - State of Florida Commission # HH 248872 My Comm. Expires Apr 4, 2026	Created 12/2023

## STATE OF FLORIDA COUNTY OF COLUMBIA

## LAND OWNER AFFIDAVIT

Arisai Rodriguez	
This is to certify that I, (We), Arisai Rodriguez  (Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Property Owners Name or State Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corporation Name (include Corp Officer) as it appears of the Corpo	roperty 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 a	ı
(Name of person authorized to sign as owner or place a structure)  Select one:   Mobile Home Travel Trailer Utility Pole Only Single Fa	mily Home
OBarn OShed OGarage OCulvert OOther (specify)	
I (We) understand that the named person(s) above will be allowed to receive a built on the parcel number I (we) have listed above and this could result in an assessment waste and fire protection services levied on this property.	ding permit at for solid
Printed Name of Signor  Signature  10/  Signature	2/2024
Printed Name of Signor Signature Date	
Printed Name of Signor Signature Date	
Sworn to and subscribed before me this $2^{ND}$ day of $0CT$ , $20ZY$ by	
	personally
known to me or produced ID <u>FL DL</u> .	
ANGELISIA WPEZ Japas.  Printed Name of Notary  Signature	
Notary Stamp  ANGELISKA LOPEZ Notary Public - State of Florida Commission # HH 248872 My Comm. Expires Apr 4, 2026	Created 12/2023