

STATE OF FLORIDA
COUNTY OF COLUMBIA

SPECIAL TEMPORARY USE
LANDOWNER AFFIDAVIT

This is to certify that I, (We) Jonathan Jordan
(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 14-2S-16-01607-001

Subdivision (Name, Lot Block, Phase) _____

Give my permission for Kirsten Thomas to place a Mobile Home on
this land. (Family Members Name)

This is to allow a 2nd / 3rd **(circle 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.

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

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.

Jonathan Jordan

Printed Name of Signor

[Signature]

Signature

12-9-24

Date

Printed Name of Signor

Signature

Date

Sworn to and subscribed before me this 9 day of December, 2024 by

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

known to me ☒ or produced ID _____

Broderick D Pack

Printed Name of Notary

[Signature]
Signature

Notary Stamp

