STATE OF FLORIDA **COUNTY OF COLUMBIA**

66487 LAND OWNER AFFIDAVIT

This is to certify that I, (We), LAWRENCE DAVID SCHNEIDERS
(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 03626-071
Subdivision (Name, Lot, Block, Phase)
Give my permission for Lisa Bryan to place a
Select one: Mobile Home Travel Trailer Utility Pole Only Single Family Home
OBarn OShed OGarage OCulvert OOther (specify)
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.
Printed Name of Signor Signature Date Date
Printed Name of Signor Signature Date
Sworn to and subscribed before me this August, 20 W by
physical presence or online notarization and this (these) person(s) are personally
known to me or produced IDFDLSS36S2449 1080
Shikate Pollard Slukter Pallory Printed Name of Notary Signature
Notary Stamp SHIKATA D POLLARD Notary Public - State of Florida Commission # HH 402772 My Comm. Expires May 24, 2027 Created 12/2023