STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

I has as to certally that I, (we).	a Sheppard	
(Property O	wners 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 24-5S	-16-03705-004	
Subdivision (Name, Lot, Block, Phase)		
Give my permission for Cameron G S	Sheppard to	place a
	avel Trailer Outility Pole Only Osi	ngle Family Home
OBarn OShed OG	arage Oculvert Other (specify)	The state of the s
I (We) understand that the named pe	rson(s) above will be allowed to receive	e a building permit
	ed above and this could result in an ass	
waste and fire protection services lev		
	01 11 01	
Flonketa Sheppard	Flienketa Sheppard	9/20/2024
Printed Name of Signor	Signature	Date
Printed Name of Signor	Signature	Date
	er Land	e de la companya de La companya de la co
Printed Name of Signor	Signature	Date
Sworn to and subscribed before me t	his 20 day of <u>September</u> , 202	<u>'</u> by
physical presence or onlin	ne notarization and this (these) person(s) are personally
known to me or produced ID	The state of the s	
Broderck Pack		
Printed Name of Notary	Signature	
Notary Stamp		

STATE OF FLORIDA COUNTY OF COLUMBIA

LAND OWNER AFFIDAVIT

This is to certify that I, (We), Flonketa	a Sheppard There Name or State Corporation Name		·
(Property Ow	ners rame or since Corporation rate	e (include Corp Officer) as it a	opears on Property Appraiser)
as the owner of the below described p	roperty:		
Property tax Parcel ID number 24-5S-	16-03705-004		
Subdivision (Name, Lot, Block, Phase)			
Give my permission for George Shep	pard son authorized to sign as owner or pla	to j	place a
Select one: Mobile Home OTra			gle Family Home
Barn Shed G	arage Culvert C	Other (specify)	
I (We) understand that the named per on the parcel number I (we) have listed waste and fire protection services lever the servi	ed above and this cou ied on this property.	ld result in an asse	essment for solid
Printed Name of Signor	Signature		Date
Printed Name of Signor	Signature	***************************************	Date
Sworn to and subscribed before me the physical presence or online			
known to me vor produced ID Broderick Pack			
Printed Name of Notary	Signature		
Notary Stamp			

BRODERICK D PACK

Notary Public - State of Fiorida
Commission = HH 163068
My Comm. Expires Aug 9, 2025
Banded through National Notary Assn.

Created 12/2023