This is to certify that I, (We), Sherilyn Sanders, Phillip Oliver, Carolyn Blackmore, Dewayne Oli	
(Property Owners Name or State Corporation Name (include Corp Officer) as it appears on Proas the owner of the below described property:	operty Appraiser)
Property tax Parcel ID number20-4S-16-03079-037	
Subdivision (Name, Lot, Block, Phase) Shady Oaks Acres	
Give my permission for Sherilyn Sanders to place a (Name of person authorized to sign as owner or place a structure)	
Select one: Mobile Home Travel Trailer Utility Pole Only Single Fan	nily Home
Barn Shed Garage Culvert Other (specify) Re-Roof	
I (We) understand that the named person(s) above will be allowed to receive a build 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.	
Phillip Oliver	
Printed Name of Signor Signature Date	
Carolyn Blackmore Carolyn Blackmore 4-3	30-25
Printed Name of Signor Signature 0	
Dewayne Oliver	
Printed Name of Signor Signature Date	
Sworn to and subscribed before me this 30 day of Aroly 1, 2025 by  physical presence or online notarization and this (these) person(s) are per	rsonally
known to me or produced ID BA 02274!81	
Printed Name of Notary  Notary Stamp    State   Signature   Signature   State   Signature   Signature   State   Signature   Signature   State   Signature   State   Signature   State   Signature   Signature   State   Signature   Signature   State   Signature   Signature   Signature   State   Signature   Signature	MM. EXP
Notary Stamp    TENWESSEE   PUBLISHED   PU	reated 12/2023

## STATE OF FLORIDA COUNTY OF COLUMBIA

## LAND OWNER AFFIDAVIT

This is to certify that I, (We), Sherilyn Sanders, Phillip Oliver, Carolyn Blackmore, Dewayne Oliver	
(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 20-4S-16-03079-037	
Subdivision (Name, Lot, Block, Phase) Shady Oaks Acres	
Give my permission for Sherilyn Sanders to place a (Name of person authorized to sign as owner or place a structure)	
Select one: Mobile Home Travel Trailer OUtility Pole Only OSingle Family Home	
Barn Shed Garage Culvert Other (specify) Re-Roof	
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.	
Phillip Oliver Printed Name of Signor Signature Date	
Carolyn Blackmore	
Printed Name of Signor Signature Date	
Dewayne Oliver Dewayse Oliver (125)	
Printed Name of Signor Signature Date	
Sworn to and subscribed before me this 21 day of April , 20 25 by	
physical presence or online notarization and this (these) person(s) are personally	
known to me or produced ID	
Printed Name of Notary  Signature  Signature  Signature  Notary Stamp	

This is to certify that I, (We), Sherilyn Sanders, Phillip Oliver, Carolyn Blackmore, Dewayne Oliver
(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 20-4S-16-03079-037
Subdivision (Name, Lot, Block, Phase) Shady Oaks Acres
Give my permission for Sherilyn Sanders to place a (Name of person authorized to sign as owner or place a structure)
Select one: OMobile Home OTravel Trailer OUtility Pole Only OSingle Family Home
OBarn OShed OGarage OCulvert OOther (specify) Re-Roof
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.
60'003 8)11
Phillip Oliver Thullip Chief 7-16-2025
Printed Name of Signor Date
Carolyn Blackmore
Printed Name of Signor Signature Date
Dewayne Oliver Printed Name of Signor Signature Date
Sworn to and subscribed before me this that day of April, 2025 by
known to me or produced ID GA pl 038981447.
Katherine 1 Proint Katherine & Proint
Printed Name of Notary  Printed Name of Notary  Signature  Signature
•
L PARIS