



Palm Beach County Zoning Division
2300 N. Jog Road
West Palm Beach, Florida 33411
Phone: (561) 233-5200
Fax: (561) 233-5165

AFFIDAVIT OF COMPLETENESS AND ACCURACY

INSTRUCTIONS: To be completed by individual submitting application (property owner, applicant with owner's consent, or authorized agent).

Project Name: Submittal Date:

STATEMENT OF COMPLETENESS AND ACCURACY

I hereby certify all property owners have full knowledge the property they own is the subject of this application. I hereby certify that all owners and petitioners have been provided a complete copy of all material, attachments, and documents submitted to Palm Beach County relating to this application. I further certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related application material and all attachments become official records of the Planning, Zoning, and Building Department of Palm Beach County, Florida, and will not be returned. I understand that any knowingly false, inaccurate, or incomplete information provided by me will result in the denial, revocation, or administrative withdrawal of this application, request, approval or permit. I further acknowledge that additional information may be required by Palm Beach County to process this application. I further acknowledge that any plans that I have prepared or had prepared comply with the Fair Housing Standards. I further consent to Palm Beach County to publish, copy or reproduce any copyrighted documents submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.

Check one: I am the [ ] property owner [ ] applicant [ ] agent.

(Name - type, stamp or print clearly)

(Signature)

(Name of Firm)

(Address, City, State, Zip)

NOTARY PUBLIC INFORMATION:

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this day of , 20 by (name of person acknowledging). He/she is personally known to me or has produced (type of identification) as identification and did/did not take an oath (circle correct response).

(Name - type, stamp or print clearly)

(Signature)

My Commission Expires on:

NOTARY'S SEAL OR STAMP