

LIENS AND FINES DETERMINATION

Control No. _____ Project Name: _____ BCC District: _____

INSTRUCTIONS: Complete all information. If not applicable, indicate with N/A. Attach additional pages, if necessary. Fee - \$47.50 per PCN or submit Certification Form 06.

I. PROPERTY IDENTIFICATION

A. Property Identification Information: Complete table for all property within the affected area.

PROPERTY CONTROL NO. (PCN)	PLAT BK & PAGE #	PROPERTY CONTROL NO. (PCN)	PLAT BK & PAGE #
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

B. Property Address: _____

C. VERY IMPORTANT: Attach legal description from Property Appraisers Office or tax bill for each PCN. Applications will not be accepted without this information.

II. OWNERSHIP INFORMATION

Current Property Owner: _____

Corporate ID No. _____ **County Tax No.** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone: () _____ **FAX:** () _____

Petitioner, if other than owner(s): _____

Corporate ID No. _____ **County Tax No.** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone: () _____ **FAX:** () _____

Check (/) here if petitioner is a contract purchaser.

HOA/POA:* _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Phone: () _____ **FAX:** () _____

* Home Owner Association (HOA) or Property Owner Association (POA) information required if subject property is under common ownership or request is to modify any aspect of the project that applies to the entire development (i.e. condition of approval, internal roadway, etc.).

STAFF USE ONLY

Intake Date: _____ **OFMB Response Deadline:** Three (3) weeks from Intake Date.