



# City of PALM COAST

Community Development Department  
Building Services

160 Lake Avenue  
Palm Coast, FL 32164  
386-986-3780

## LANDLORD / TENANT AFFIDAVIT

I, \_\_\_\_\_ DO HEREBY AUTHORIZE MY TENANT  
OWNER/AUTHORIZED AGENT

\_\_\_\_\_  
TENANT NAME MAILING ADDRESS

OR HIS AUTHORIZED AGENT / CONTRACTOR TO MAKE IMPROVEMENTS AND OBTAIN ANY NECESSARY PERMITS FOR MY PROPERTY LOCATED AT :

\_\_\_\_\_  
SUBJECT PROPERTY ADDRESS – INCLUDE UNIT # IF APPLICABLE

\_\_\_\_\_  
SIGNATURE OF OWNER OR AUTHORIZED AGENT

STATE OF FLORIDA

COUNTY OF FLAGLER

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME, BY MEANS OF  PHYSICAL PRESENCE OR  ONLINE NOTARIZATION,

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_, BY \_\_\_\_\_ AS  
YEAR NAME OF AFFIANT

\_\_\_\_\_  
OWNER / OFFICER / TRUSTEE / ATTORNEY / CONTRACTOR FOR \_\_\_\_\_  
NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED

PERSONALLY KNOWN \_\_\_\_\_ OR PRODUCED IDENTIFICATION \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC STATE OF FLORIDA PRINT, TYPE OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC

