



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@belleviewfl.org

OWNER AUTHORIZATION

Date: _____

Property Address: _____

To Whom It May Concern:

I, _____, as owner of the property located at
_____,
authorize _____ to perform the following improvements to the
property:

Any and all improvements, alterations, etc. must comply with the Florida Building Code and City Land Development/Zoning Codes. All costs incurred including but not limited to, construction, permits, impact fees, etc. will be at the owner's responsibility.

Signature of Owner

Printed Name

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

Notary Public

(seal)