



CITY OF BELLEVIEW

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 245-6532

Project #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

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)