



I,	, hereby atte	est that, as required by Chapter 9 of the
		e attached photograph, which was taken at
a.m./p.m. or	n, by me	e or under my direct supervision by
		splayed that is clearly visible and centrally
	immediately adjacent to the property f	
Project #:		
Project Name:		
Parcel #:		
Applicant Name:		
Agent Name:		
_	nall remain as posted until all applicab after completion of all applicable appr	ole approvals for the project are obtained, and rovals.
☐ Individual	☐ Corporation	☐ Partnership
Signature	Print Corporation Name	Print Partnership Name
Print Name:	B <sub>W</sub>	B <sub>W</sub>
Address:		By:
Tradiciss.		
Phone #:		
	Address:	
☐ Government Entity		
	Phone #:	Phone #:
Print Government Name		
$R_{V}$		
By:	<del></del>	
Print Name:		
Title:		
Department:		
NOTARY INFORMATION	(Please use appropriate block.)	
STATE OF	COUNTY OF	<u> </u>
Before me, this day of executed the foregoing instrument, a	, 20, personally appund acknowledged before me that same wa	peared who as executed for the purposes therein expressed.
	NOTARY STAMP:	
Signature of Notary	My commission expires:	
	—— Identification Method: Pe	ersonally known
Print Notary Name		roduced I.D. – Type:
		-Jr

Growth Management Department | Land Use & Environmental Services Division | Phone: (850) 891-7100 | Fax: (850) 891-7184 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street, Box B 28, Tallahassee, FL 32301

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