



TOWN OF HAVERHILL

4585 Charlotte Street, Haverhill, Florida 33417

Telephone: 561-689-0370 Ext. 2

permits@townofhaverhill-fl.gov

Affidavit to Appoint Agent

Please check one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Plat or Re-Plat |
| <input type="checkbox"/> Building Permit (Revisions, etc.) | <input type="checkbox"/> Re-Zoning |
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Concept Plan Review | <input type="checkbox"/> Special Exception |
| <input type="checkbox"/> Construction East of the CCCL | <input type="checkbox"/> Variance |
| <input type="checkbox"/> PRD Amendment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Planned Residential Development (PRD) | |

1. He/She is fee simple owner of the following described property, to wit: (Provide Property Address and Legal Description)

2. He/She desires to submit a _____ application to the Town of Haverhill, Florida.
3. He/She has appointed _____ to act as agent in his/her behalf to accomplish the above.
4. He/She affirms and certifies that he/she understands and agrees to comply with the Town of Haverhill Land Development Code. He/She further certifies that the statements, plans and all information submitted as a part of this application are true and correct to the best of his/her knowledge. Further, he/she understands that this application and attachments become part of the Official Records of the Town of Haverhill, Florida and are not returnable.

State of Florida
County of Palm Beach

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization on this day _____ of _____, 20____.

Signature of Property Owner

Property Owner Printed Name

Notary Public Signature

Notary Printed Name

My Commission Expires _____ (SEAL)

Personally Known: _____ or ID: _____ (Type of Identification Provided)