

City of Stuart
Development Department
121 SW Flagler Avenue
Stuart, FL 34994
Ph. 772-288-5300
Fax 772-288-5388

AFFIDAVIT ATTESTING TO NOTIFICATION

I/We, (_____), being first duly sworn, depose(s) and say(s):

That (I am / we are) the owner(s) or petitioner(s) of the following described property which constitutes the location for which notification is required:

That a copy of the notice was sent by regular U.S. Mail on (_____) to the property owners within 300 feet of the subject property.

That a list of the property owners and their addresses is on file with the City of Stuart;
and

That a photograph showing the placement of the notification sign be made a part of this Affidavit.

SIGNED (PROPERTY OWNER / AUTHORIZED AGENT)

SIGNED (PROPERTY OWNER / AUTHORIZED AGENT)

STATE OF FLORIDA, COUNTY OF _____

Sworn and subscribed before me by means of ___ physical presence or ___ online notarization,

this _____ day of _____, _____ By _____.

Personally Known OR Produced Identification
Type of Identification Produced:

Notary Public

My Commission expires:
