



LEVY COUNTY DEVELOPMENT DEPARTMENT

REPLACEMENT DWELLING AFFIDAVIT

PROPERTY OWNER'S NAME:

PROPERTY OWNER'S ADDRESS

(Printed Name)

_____/_____/_____
City State Zip Code

LEGAL DESCRIPTION OF PROPERTY:

Section: Tw: Rge: _____

Number of bedrooms in existing home _____ Number of bedrooms in New home _____

_____/_____/_____
Lot Block Name of Subdivision

I, _____ the property owner , understand and acknowledge that
(Printed Name)

the Levy County Zoning Ordinance includes a limitation of one dwelling unit per lot, tract or parcel, and that replacing an existing dwelling with another dwelling does not permit the existing dwelling to remain on the property. Therefore, I understand that upon approval of the final inspection of the replacement dwelling, I agree to remove the existing dwelling from the above described property within 30 days.

Applicants signature

STATE OF FLORIDA, COUNTY OF LEVY

SWORN TO AND SCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

TYPE OF IDENTIFICATION: PERSONALLY KNOWN TO ME Check if Yes

Presented I.D. _____

SEAL

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC PRINTED