



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: _____

Tws: _____

Rge: _____

Metes and Bounds Description

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

DRIVERS LICENSE# _____

SEAL

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC PRINTED