

**STORMWATER PERMIT APPLICATION**

**AFFIDAVIT**

(to be completed by ALL applicants)

*I, the undersigned, being first duly sworn, depose and say that I am the owner, attorney, attorney- in-fact, agent lessee or representative of the owners of the property and which is the subject matter of the proposed review, that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be completed and accurate before the review can be scheduled and that I am authorized to sign the application by the owner or owners. I further agree to comply with all stipulations and conditions that might be required by Charlotte County for approval of the stormwater plan should it be approved.*

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
By: \_\_\_\_\_ (applicant's name), who is/are personally known to me or who has/have produced \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
**Signature of Applicant or Authorized Agent**

\_\_\_\_\_  
Notary Printed Signature

\_\_\_\_\_  
Applicant's Printed Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Commission Number

***If signed by an agent, letter of authorization must be included with application.***