



ADDITIONAL OWNER SIGNATURE SHEET-PLANNING/ZONING

Application Number _____

I (we), the undersigned, attest and affirm that all representations made in this application are true and accurate to the best of my knowledge.

Name (Please Print)

ADDRESS: _____

Signature

Name (Please Print)

ADDRESS: _____

Signature

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me OR has produced _____ as identification.

(type of identification produced)

(Notary Public Signature)

Notary Stamp

(print, name of Notary Public)