



Palm Beach County Zoning Division
 2300 N. Jog Road
 West Palm Beach, Florida 33411
 Phone: (561) 233-5200

AFFIDAVIT OF INSTALLATION OF NOTIFICATION SIGNS

INSTRUCTIONS: To be completed by individual submitting application (property owner, petitioner with consent, or authorized agent).

App. Number and Name: _____ **Hearing/Meeting Date:** _____

I certify that the real property described above has been posted with Public Notification Signs in accordance with the requirements of the County's Unified Land Development Code as follows:

1. _____ Number of signs for the above application have been installed on the subject site in a location that provides an unobstructed view and allows for clear reading from public rights of way;
2. The Signs have been produced by a Licensed Sign Contractor, and meet the specifications of the requirements of the Zoning Application Public Notification Sign Standards;
3. Posting/Installation of the Signs was completed on _____, which is greater than fifteen (15) calendar days of the public meeting or hearing;
4. I will ensure that the Signs are maintained on the subject property until the final action by the Board of County Commissioners or the application has been withdrawn or denied. The Signs, in no case, shall remain on the subject site more than five (5) days following the final action;
5. I understand that any knowingly false, inaccurate, or incomplete information provided by me will result in the denial, revocation, postponement, or administrative withdrawal of this application request;
6. Attached hereto as Attachment A to this Affidavit is a complete list of all photographs of posted signs along the subject property.

I am the ☐ Property Owner ☐ Authorized Agent (*check one*)

 (Name in print)

 (Signature)

 (Name of company, if applicable)

 (Address, City, State, Zip)

NOTARY PUBLIC INFORMATION

STATE OF FLORIDA/ COUNTY OF PALM BEACH

The foregoing instrument was sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____ (*name of person making statement*). He/she is personally known to me or has produced _____ (*type of identification*) as identification.

 (Name in print)

 (Signature)

My Commission Expires on: _____

NOTARY'S SEAL OR STAMP

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Insert photographs of each installed sign below.