



REMOVAL OF NON-CONFORMING USES AND STRUCTURES AFFIDAVIT

Parcel(s): _____

Owner/Project: _____

Legal Description/General Location: _____

To Whom it may Concern:

I _____, owner/authorized agent for the above reference property, do hereby certify that all uses and structures that do not conform to the _____ zoning district will be removed prior to the application for rezoning of the reference property under file reference _____ going before the Planning Commission.

Owner/Builder Signature

Date

State of Florida
County of Osceola

The foregoing instrument was acknowledged before me this _____ day of _____, by _____ who is personally known to me _____ or has produced _____ as identification, and did take an oath _____ or did not take an oath _____.

Notary Signature

Seal

(Print name of Notary)