



HOME OF PELICAN ISLAND
BUILDING DEPARTMENT
1225 MAIN STREET • SEBASTIAN, FLORIDA 32958
TELEPHONE: (772) 589-5537 • FAX (772) 589-2566

SUBDIVISION WORK AUTHORIZATION

AFFIDAVIT

State of Florida
Indian River County

BUILDING PERMIT NO. _____

I _____, owner of the residence listed below, am aware that I am requesting a building permit or other city approval to make improvements or changes to my property that is located within a sub-division of Sebastian which contains a homeowners association or a condominium association.

Further, I am fully aware that there are certain rules, regulations, covenants or restrictions in my sub-division that exist through my homeowners association or condominium association and it is my sole responsibility to obtain the approval of my association before I begin making any improvements or changes to my property.

I understand that by granting a building permit or other city approval to make improvements or changes to my property in no way supersede the approval requirements from the applicable homeowners association or condominium association.

PROPERTY ADDRESS: _____ SEBASTIAN, FLORIDA

PROPERTY OWNER NAME(S): _____
PLEASE PRINT

PROPERTY OWNER SIGNATURE(S): _____

(PROPERTY OWNERSHIP VERIFIED THROUGH PUBLIC RECORDS OR PROVIDE PROOF OF OWNERSHIP)

STATE OF FLORIDA
COUNTY OF

I hereby certify that on this _____ day of _____, 20____ personally appeared _____
who is _____ personally known to me or has _____ produced identification. Type of identification produced _____

Official Signature of Notary Public

Notary Seal