



Owner's Affidavit

Community Development Department Phone: 678-421-2027 65
Lawrenceville Street Norcross, GA 30071

Section I. Land Ownership	
<p>I, _____, hereby attest to ownership of the property located at _____, Parcel ID# _____ for which this Application is submitted. The Ownership, as recorded on the deed, is in the name of _____.</p>	
Section II. Type of Ownership	
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Homeowner	
Corporation/LLC/Partnership Name:	Secretary of State Registration Number:
	Registered Agent Name:
Provide Names of all Officers/Members/General Partners (If applicable):	
Registered Agent Address:	Registered Agent Phone #:
COMPLETE BY OWNER	
<p>As the owner of the above designated property for which this affidavit is submitted, I wish to allow _____ (applicant's name) to apply for a _____ for the address mentioned in Section I of this form. I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.</p>	
NOTARY	
Owner states under oath that he/she is the owner of the property described under Section I, which is made part of this Application.	Sworn and subscribed before me this _____ day of _____, 20_____.
Name:	Notary Public:
Address:	Seal:
City, State, Zip Code:	
Email address:	
Phoner Number:	
Owner's signature:	Commission expires: