



City of Coral Gables
Development Services Department

Affidavit Attesting to Public Notice of Zoning Application

Property Owner or Authorized Representative:

Property Address and Folio Number(s):

I, as property owner or Authorized Representative of the above described property attest that on (date) _____, I sent by U.S. Mail to each person on the list of names and addresses, and each member of the Planning and Zoning Board attached a true copy of the attached notice letter.

I further attest that I have complied with the requirements of Resolution No. 2020-245 and Resolution No. 2020-265 (requiring additional notice to Miami-Dade County Public Schools "MDCPS") as indicated below:

____ This application required notice to be sent to MDCPS and I have complied with the additional notice requirements in Resolutions No. 2020-245 and 2020-265.

____ This application did not require notice to be sent to MDCPS.

I HEREBY CERTIFY that all information contained in this Affidavit is true and accurate. Under penalty of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. Further, I acknowledge that I am subject to the City's False Claims Ordinance (Ch. 39, City of Coral Gables Code).

Affiant's Printed Name: _____

Affiant's Signature.: _____ Date: _____

Notary Public Affirmation

SWORN AND SUBSCRIBED before me, this _____ day of _____, 20 _____, personally appeared _____, being personally known to me () or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____

Print Name: _____

Notary Public Stamp:

My Commission Expires: