

 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 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: