

**EPCI  
PORT ST JOE BUILDING DEPARTMENT  
1002 10TH STREET  
PORT ST JOE, FL 32456  
850-229-1093 FAX 850-229-8242**

**OWNER AFFIDAVIT**

I \_\_\_\_\_ of \_\_\_\_\_  
Owner Name Printed Address of Construction Site

do hereby give my permission for contractor \_\_\_\_\_  
Contractors Name Printed

to accept the Responsibility of obtaining and signing for my Development Order and /or Building Permit. I further understand that even though the contractor has signed in my behalf I am responsible for the entire contents and requirements set forth within these documents, Ordinance, or State Law. I further understand that if any violations occur I can be held solely responsible for correction of these problems because I am the owner of said property.

This Affidavit is for the City's use only and is not intended for use by the contractor against the property owner in any disagreement, civil suit, dispute, or violation.

Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Who is personally known to me or has produced the following identification

\_\_\_\_\_  
Type of identification

\_\_\_\_\_  
Signature of person taking acknowledgement  
Notary Seal or Stamp with Expiration date