

DEPARTMENT OF COMMUNITY DEVELOPMENT CUSTOMER SERVICE-PERMITTING DIVISION Cape Coral, FL 33915-0027 Tel. (239) 574-0546

This office vit ma		ATION AFFIDAVIT
	y ONLY be used if the ither side of the constr	ere is at least one vacant lot ruction site.
Property Address:		
Strap #:		
Block: L	ot:	Unit:
seawall linstallation under GP SA	J-46. I understand my	orps of Engineers has not approved my vseawall contractor, arate permit to receive the approve to
I knowingly state there is a vacant access of the contractor's equipm		☐ Left side of my construction site for
I agree to have the seawall contra upon their receipt of all permits re	•	installation of my seawall immediately nent.
I hereby request the processing a seawall permit. Under no circums completed installed and passes in	tances will this buildin	g permits while waiting for required g be occupied until the seawall is
Under penalty of perjury, I declare and that the facts stated therein a		oregoing Seawall Installation Affidavit my knowledge and belief.
Owner Name (print or type):		Date:
Owner Signature:		
(SIGN	NATURE MUST BE N	OTARIZED)
STATE, COUNTY OF	=	
STATE, COUNTY OF Sworn to (or affirmed) and subscr		eans of □ physical presence or □ online
Sworn to (or affirmed) and subscr	ibed before me, by me	
Sworn to (or affirmed) and subscr notarization, on this da	ibed before me, by me	_ 20
Sworn to (or affirmed) and subscr	ibed before me, by me y of o is personally known	_ 20
Sworn to (or affirmed) and subscr notarization, on this day by, who	ibed before me, by me y of o is personally known tification.	_ 20
Sworn to (or affirmed) and subscr notarization, on this day by, who	ibed before me, by me y of o is personally known tification. Exp Date:	_ 20 or produced