

**PROPERTY OWNER AFFIDAVIT  
CITY OF NEW SMYRNA BEACH – BUILDING DEPARTMENT**

This form is required if the applicant is not the owner of record of the property listed on the Business Tax Receipt Application.

Applicants Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Property Owners Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, as the property owner of record of the above described property, and having the authority of the same, do authorize the aforementioned applicant and business to utilize this property location to operate said business.

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Property Owner Signature

State of Florida

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

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Signature of Notary Public

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Notary Seal