



PROPERTY OWNER AFFIDAVIT

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|--|----------------------------|
| Owner Name: David Owens | |
| Address: 7744 River Ave, Fleming Island, FL 32003 | Phone: 904-759-4664 |
| Agent Name: Austin Burke | |
| Address: 5860 County Road 209 S | Phone: 904-608-7488 |
| Parcel No.: 38-06-26-018009-000-00; 38-06-26-018010-000-00 | |
| Requested Action: Minor Subdivision application | |

I hereby certify that:

I am the property owner of record. I authorize the above listed agent to act on my behalf for the purposes of this application.

Property owner signature: David Owens

Printed name: David Owens

Date: 2-15-24

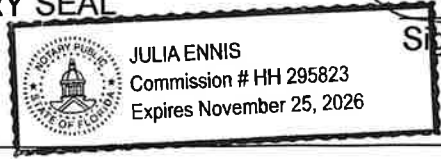
The foregoing affidavit is acknowledged before me this 15 day of

February, 2024 by David Owens, who is/are

personally known to me, or who has/have produced FL/DL

as identification.

NOTARY SEAL



Julia Ennis
Signature of Notary Public, State of FL