

Affidavit of Awareness of Association Regulation

**PERMIT#** \_\_\_\_\_

**OWNER** - Please provide a brief description of work: \_\_\_\_\_

For office use ONLY - Job Type: \_\_\_\_\_

(Please select one option ONLY):

I, \_\_\_\_\_, acknowledge that I am a resident of an association (“HOA/COA/POA”), and that as a resident of an association I may be subject to additional building, landscaping or other regulations. I further understand that the issuance of a building permit by the City of Tamarac, Florida, does not guarantee that work permitted is allowed by your association. You are responsible for obtaining their approval separately.

I, \_\_\_\_\_, am not a resident of an association.

\_\_\_\_\_  
Job Address

\_\_\_\_\_  
Name of the Association (“HOA/COA/POA”)

\_\_\_\_\_  
Job City, State & Zip Code

\_\_\_\_\_  
Mailing Address of Association (“HOA/COA/POA”)

\_\_\_\_\_  
Owner’s Printed Name

\_\_\_\_\_  
Association - City, State & Zip Code

\_\_\_\_\_  
Owner’s Signature

\*\*\*\*\*MUST COMPLETE NOTARY PORTION\*\*\*\*\*

**X** \_\_\_\_\_

Signature of Property Owner or Agent (Including Contractor \*)

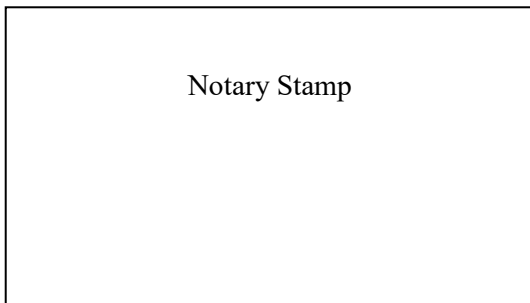
\*If the contractor and / or agent as the owner’s authorized agent, a Property Owner Consent – Designation of Agent Form must be completed, signed, and notarized.

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

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical present or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

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

Type of Identification Produced \_\_\_\_\_



\_\_\_\_\_  
(Type/Print Property Owner or Agent Name)

\_\_\_\_\_  
(Notary Signature as to Owner or Agent’s Signature)

\_\_\_\_\_  
(Type/Print Notary Name)



PROPERTY OWNER CONSENT FORM
DESIGNATION OF AGENT

DATE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

IN THE MATTER OF:

ANY PERSON APPEARING ON YOUR BEHALF, IN YOUR ABSENCE, MUST BE DESIGNATED AS YOUR AGENT ON THIS FORM OR SUCH PERSON WILL NOT BE PERMITTED TO REPRESENT AND/OR MAKE MODIFICATIONS TO THE PROPERTY.

\_\_\_\_\_ HAS MY PERMISSION TO ACT AS MY AGENT
(Print Name of Designated Agent)

IN ALL MATTERS RELATING TO \_\_\_\_\_,
(Project Name)

LOCATED AT \_\_\_\_\_,
(Address/Location of Project)

THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF SUBMITTAL.

SIGNATURE OF OWNER:

\_\_\_\_\_

(Print Name of Owner and Notarize below)

SIGNATURE OF DESIGNATED AGENT:

\_\_\_\_\_

(Print Name of Designated Agent)

ADDRESS AND PHONE NO. OF DESIGNATED AGENT:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The forgoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_ day of \_\_\_, 20\_\_\_, by \_\_\_\_\_, the owner of the property, who is personally known to me or has produced identification \_\_\_\_\_ (type of identification) and who (did/did not) take an oath.

My Commission Expires: \_\_\_\_\_

Type or print name of Notary: \_\_\_\_\_

Seal/Stamp