

## Certification of Ownership (Addressing)

Development Services Department – Planning & Zoning Division

City of Panama City, City Hall, 501 Harrison Avenue, 2<sup>nd</sup> Floor, Room 217, Panama City, FL 32401

Phone: 850-872-3025 | Email: [planning@panamacity.gov](mailto:planning@panamacity.gov) | Website: [www.panamacity.gov](http://www.panamacity.gov)

By printing my name and signature below I hereby certify that I am the owner of record of the property described and that I have read and understand the contents of this application packet and approve of the requested action(s) herein and hereby requests the City of Panama City assign the address to the parcel (s) referenced in this application. I also understand that the Development Services Department may take up to 30 days to complete its review, ensure addressing consistency and safety and that there is no guarantee that I will be assigned the exact address requested.

I understand the owner is responsible for the proper physical numbering of the building so that the address is visible from the street and that the City of Panama City will provide official notification of the assigned address and distribute to various agencies for their use, including, but not limited to the United States Postal Service, County Property Appraiser, County Tax Collector and emergency services and that I am responsible for all other address assignment notices. My signature below indicates that I will comply with the addressing regulations as required by the City of Panama City. I certify that to my knowledge this application is complete and understand that an incomplete application will result in a delay in processing.

Certification of Ownership	
Property Owner Name (Print): _____	
Property Owner's Signature: _____	
STATE OF _____	COUNTY OF _____ Sworn to and
subscribed me	
this _____ day of _____, 20____,	
By _____, the applicant is personally known to	
me or has produced _____ as identification. Notary Public:	
_____	
My Commission Expires: _____	NOTARY STAMP:

## Authorization of Applicant/Agent Representative (Addressing)

Development Services Department – Planning & Zoning Division

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By printing my name and signature below I hereby certify that I am the authorized agent/representative and primary contact for this addressing request and that I have read and understand the contents of this application packet and hereby requests on behalf of the owner that the City of Panama City assign the address to the parcel(s) referenced in this application. I also understand that the Development Services Department may take up to 30 days to complete its review, ensure addressing consistency and safety and that there is no guarantee that I will be assigned the exact address requested.

I understand the owner is responsible for the proper physical numbering of the building so that the address is visible from the street and that the City of Panama City will provide official notification of the assigned address and distribute to various agencies for their use, including, but not limited to the United States Postal Service, County Property Appraiser, County Tax Collector and emergency services and that the owner is responsible for all other address assignment notices. My signature below indicates that the addressing regulations as required by the City of Panama City will be complied with. I certify that to my knowledge this application is complete and understand that an incomplete application will result in a delay in processing.

### Owner Authorization of Applicant, Agent or Representative

\*If the applicant is not the property owner and the owner is allowing the applicant to act on their behalf, a notarized signature of the owner is required.

Property Owner Name (Print): \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Sworn to and subscribed me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, By \_\_\_\_\_, the

applicant is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ NOTARY STAMP: \_\_\_\_\_

### Authorized Applicant, Agent or Representative

Applicant/Authorized Agent Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ Sworn to and subscribed me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, By \_\_\_\_\_, the

applicant is personally known to me or has produced \_\_\_\_\_ as identification.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ NOTARY STAMP: \_\_\_\_\_