

Certification of Ownership (Keeping of Fowl Authorization)

Development Services Department – Planning & Zoning Division

City of Panama City, City Hall, 501 Harrison Avenue, 2nd Floor, Room 217, Panama City, FL 32401

Phone: 850-872-3025 | Email: planning@panamacity.gov | Website: 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 approve of the requested action(s) herein and hereby petitions the City of Panama City for keeping fowls. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application. I understand that Development Services Department staff must review a photograph of the subject pen along with its width, length and height and the materials the pen is made of.

By signing below, I hereby authorize the City staff to enter upon my property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I also understand that all fees are non-refundable and failure to adhere to the rules outlined in this application will result in revocation of the authorization. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is complete. I 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 (Keeping of Fowl Authorization)

Development Services Department – Planning & Zoning Division

City of Panama City, City Hall, 501 Harrison Avenue, 2nd Floor, Room 217, Panama City, FL 32401

Phone: 850-872-3025 | Email: planning@panamacity.gov | Website: www.panamacity.gov

By printing my name and signature below I hereby certify that I am the authorized agent and primary contact during the Development Order review process and the requested action(s) herein and hereby petitions the City of Panama City for keeping fowls. I hereby certify that the information provided in this application is true and correct and understand that deliberate misrepresentation of such information will be grounds for denial and reversal of this application and/or revocation of any approval based on this application. I understand that Development Services Department staff must review a photograph of the subject pen along with its width, length and height and the materials the pen is made of.

By signing below, I understand that City staff may enter upon the property for the purpose of site inspection and the placement of a public notice sign (if necessary) for this application. I also understand that all fees are non-refundable and failure to adhere to the rules outlined in this application will result in revocation of the authorization. I certify that I have read and understand the contents of this application and information provided herein and to my knowledge, this application is complete. I 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: _____