

## **Landscape Affidavit**

## **BUILDING DEPARTMENT**

Revision Date: 12/1/2022 Form I.D. Number: 030.3

Date:					
Owner's Name:					
Job Address:					
Phone:					
acknowledge that in co City of Coral Springs req ight-of-way.	•				
The landscaping is to co spacing between 18 and					hes with
agree to install the requoermit and schedule the to pass the inspection wagainst the subject prop	e required inspection of thin 60 days will res	n within the	at time period.	I understand	that failure
Unless you schedule and permit, the Building Dep	•	•	•		e of your
PROPERTY OWNER SIGNA	ATURE		DATE		
STATE OF FLORIDA/COUNTY O	F BROWARD				
Sworn to (or affirmed) and su	bscribed before me by	means of	physical prese	ence oronline	notarization
his day of	20 by			_ personally knov	vn by me
or produced		as identific	cation.		
		Notary Signa	ture		
		Notary Name	<del>)</del>		