

## DISCLOSURE OF OWNERSHIP OR OTHER INTEREST IN THE PROPERTY

**Under the County Charter, this application may not be deemed complete until the applicant provides complete ownership or other interest disclosure.**

Section 3.8 of the Sarasota County Charter requires disclosure of those who own and/or have an interest in property proposed for rezoning or special exception. This includes: owners, lessees, beneficiaries, contract purchasers, partnerships, and corporations. For any entity other than a publicly traded corporation or nonprofit corporation, the disclosure information must include the names of all persons having interests in the subject property, and the percentage of ownership held by each person. Please provide name(s), mailing address(es), and street address(es) for all persons.

Existing Owner \_\_\_\_\_  
(Name)

Contract purchaser (attach copy of the signed contract) \_\_\_\_\_  
(Name)

Lessee (attach a copy of the signed lease) \_\_\_\_\_  
(Name)

If any owner, part owner, or beneficiary is:

- Individual (indicate name exactly as recorded and list all other owners)
- Partnership (limited or business entity - name owners and percentage held by each)
- Corporation other than publicly traded or nonprofit, name all shareholders and percentage held by each
- Trust (Name beneficiaries and percentage held by each)
- Other \_\_\_\_\_  
 (Please list below and attach additional sheets as needed for each of the above types of ownership to ensure that all required information is submitted)

Type	Name	Address	Percent of Interest

**OWNER AFFIDAVIT**

I \_\_\_\_\_, being first duly sworn, deposed and say that I am the owner of the property which is the subject matter of this application; that I am authorized to submit this application; that all the answers to the questions in this application, and all sketches, data, and other supplementary matter attached to and made part of this application, are complete, honest, and true to the best of my knowledge and belief. I understand this application must be complete and accurate before a hearing can be advertised. I further designate the agent identified below to act as my representative in any matter regarding this petition. I authorize County staff to visit the site as necessary for proper review of this petition. If there are any special conditions limiting staff access such as guard dogs, locked gates, restricted hours, etc., I have provided the name and phone number of someone who can allow entry.

**AGENT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**OWNER:**

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

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

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFOR ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_

BY \_\_\_\_\_  
(PERSON MAKING STATEMENT)

PERSONALLY KNOWN: \_\_\_\_\_ PRODUCED IDENTIFICATION: \_\_\_\_\_

IDENTIFICATION PRODUCED: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

(SEAL) \_\_\_\_\_  
(NAME OF NOTARY TYPED PRINTED OR STAMPED)