



**LEVY COUNTY DEVELOPMENT DEPARTMENT**

**REPLACEMENT DWELLING AFFIDAVIT**

**PROPERTY OWNER'S NAME:**

**PROPERTY OWNER'S ADDRESS**

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip Code

**LEGAL DESCRIPTION OF PROPERTY:**

**Section: Tws: Rge:** \_\_\_\_\_

Number of bedrooms in existing home \_\_\_\_\_ Number of bedrooms in New home \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Lot Block Name of Subdivision

I, \_\_\_\_\_ the property owner , understand and acknowledge that  
(Printed Name)

the Levy County Zoning Ordinance includes a limitation of one dwelling unit per lot, tract or parcel, and that replacing an existing dwelling with another dwelling does not permit the existing dwelling to remain on the property. Therefore, I understand that upon approval of the final inspection of the replacement dwelling, I agree to remove the existing dwelling from the above described property within 30 days.

\_\_\_\_\_  
Applicants signature

**STATE OF FLORIDA, COUNTY OF LEVY**

**SWORN TO AND SCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

**TYPE OF IDENTIFICATION: PERSONALLY KNOWN TO ME  Check if Yes**

Presented I.D. \_\_\_\_\_

**SEAL**

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

\_\_\_\_\_  
**NOTARY PUBLIC PRINTED**