



TOWN OF CUTLER BAY
 Department of Community Development
 Planning and Zoning Division
 (305) 234-4262

Received: _____
PLAN #: _____

COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of all applicable fees incurred as part of my application process. These fees include, but are not limited to, application fees, postage, advertising, town attorney fees, planning consultant fees, and any other costs incurred by the Town of Cutler Bay for the review of this community development application regardless of the outcome of the application and public hearing process, pursuant to Section 3-30(9) of the Town of Cutler Bay Land Development Regulations. Further, I understand and acknowledge that failure to remit payment for incurred costs constitutes a violation of the Town's Land Development Regulations and fines may be levied to secure compliance.

Date: _____

Applicant Name: _____

Applicant Mailing Address: _____

Applicant E-mail Address: _____

Applicant Telephone Number: _____

Affidavit: To be executed by the owner.

If ownership is a corporation, Articles of Incorporation (full document filed with the Secretary of State) and a Board Resolution authorizing an individual or agent to sign on its behalf must be included. If ownership is an LLC (or similar), Articles of Organization (full document filed with the Secretary of State) and legal documentation authorizing an individual or agent to sign on its behalf must be included.

State of _____

County of _____

_____ being first duly sworn, deposes and says that: They are the Owner Partner Officer Agent of _____ and that they, in the capacity indicated above, are authorized to approve cost recovery for the purpose of this application with the Town of Cutler Bay.

Sworn and subscribed before me this _____ day of _____, 20_____.

 Affiant Signature

 Print Name and Title

 Notary Public, State of Florida
 My Commission Expires: _____