



STAFF USE ONLY
Intake Date: _____
By: _____
Petition # _____

Planning & Zoning Department

12300 Forest Hill Blvd., Wellington, FL 33414 (561) 791-4000 PZApplications@wellingtonfl.gov

AFFIDAVIT IN SUPPORT OF BED AND BREAKFAST APPLICATION (Complete either individual or corporate Owner Occupied Affidavit, as Appropriate)

OWNER OCCUPIED AFFIDAVIT (INDIVIDUAL)

BEFORE ME, the undersigned authority, personally appeared

_____, who upon being duly sworn states as follows:

1. I am over the age of 18 and am competent to testify to the matters stated herein.
2. I am the owner of the property located at _____ in Wellington, Florida (the "Property").
3. I have submitted an application to the Village of Wellington Planning and Zoning Department for the purpose of owning and operating a Bed and Breakfast within the Village of Wellington (Petition No. _____, hereinafter the "Petition").
4. I make this affidavit pursuant to Wellington Ordinance No. 2016-12 and I understand that this Affidavit will become part of my official application and the Petition for the Bed and Breakfast.
5. At all times during which the Bed and Breakfast that is the subject of the Petition is operational (if approved), I will reside fulltime on the Property.
6. At all times during which the Bed and Breakfast that is the subject of the Petition is operational (if approved), I will be the operator of the Bed and Breakfast.
7. I understand that my failure to reside fulltime on the Property and to be the operator of the Bed and Breakfast will result in revocation of my development approval.

8. I also understand that any subsequent owner(s), purchaser(s) or successor(s) in interest must comply with Ordinance No. 2016-12 in order to continue to operate a Bed and Breakfast within the Village of Wellington.

UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN THEM ARE TRUE. I FURTHER UNDERSTAND THAT ANY KNOWINGLY FALSE INFORMATION PROVIDED MAY CONSTITUTE PERJURY, A FELONY OF THE THIRD DEGREE, AND THAT WELLINGTON WILL PURSUE ALL LEGAL REMEDIES AVAILABLE TO IT.

NOTARY

STATE OF _____)
_____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____. He/She is personally known to me or has produced _____ as identification and did/did not take an oath.

(Signature of Notary)

(Name – Must be typed, printed, or stamped)

My Commission Expires: _____

(NOTARY'S SEAL OR STAMP)