



CITY OF RIVIERA BEACH  
 DEVELOPMENT SERVICES DEPARTMENT  
 PLANNING & ZONING DIVISION  
 600 WEST BLUE HERON BLVD.  
 RIVIERA BEACH, FL 33404  
 561.845.4060

**AFFIDAVIT OF COMPLETENESS AND ACCURACY**

**INSTRUCTIONS:** TO BE COMPLETED BY INDIVIDUAL SUBMITTING APPLICATION (PROPERTY OWNER, PETITIONER WITH CONSENT, OR AUTHORIZED AGENT).

**Project Name:** \_\_\_\_\_ **Submittal Date:** \_\_\_\_\_

**STATEMENT OF COMPLETENESS AND ACCURACY**

I hereby certify all property owners have full knowledge the property they own is the subject of this application. I hereby certify that all owners and petitioners have been provided a complete copy of all material, attachments and documents submitted to the City of Riviera Beach relating to this application. I further certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge. I understand this application, related application material and all attachments become official records of the Development Services Department of the City of Riviera Beach, Florida, and will not be returned. I understand that any knowingly false, inaccurate or incomplete information provided by me will result in the denial, revocation or administrative withdrawal of this application, request, approval or permit. I further acknowledge that additional information may be required by the City of Riviera Beach to process this application. I further acknowledge that any plans that I have prepared or had prepared comply with the Fair Housing Standards. I further consent to the City of Riviera Beach to publish, copy or reproduce any copyrighted documents submitted as a part of this application for any third party. I further agree to all terms and conditions, which may be imposed as part of the approval of this application.

Check (X) one: I am the  Property Owner  Petitioner  Agent.

\_\_\_\_\_  
 (Name - type, stamp or print clearly)

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Name of Firm)

\_\_\_\_\_  
 (Address, City, State, Zip)

**NOTARY PUBLIC INFORMATION:**

**STATE OF FLORIDA  
 COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ (name of person acknowledging). He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification and did/did not take an oath (circle correct response).

\_\_\_\_\_  
 (Name - type, stamp or print clearly)

\_\_\_\_\_  
 (Signature)

My Commission Expires on: \_\_\_\_\_

**NOTARY'S SEAL OR STAMP**

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