



# **ACCESSORY STRUCTURE**

## **Permit Requirements**

### **FOR OWNER/BUILDER**

-  Permit Application
  
-  Disclosure Statement Affidavit
  
-  Flagler County Tree Protection Form
  
-  Drainage Affidavit
  
-  Notice of Commencement if over \$5,000.00 (Recorded)
  
  
-  Copy of Warranty Deed *(if different from Property Appraisers website)*
  
-  Survey or Site Plan
  
-  Flagler County Product Approval Sheet
  
-  Construction Drawings designed to the current codes and standards and to the area of the project. Include one digital set with validated signature/ stamp on a USB memory storage drive.
  
-  Signed and sealed truss engineering or plans must have engineered framing layout and connector schedule (on USB memory storage drive)

\*\*\* THIS LIST IS INTENDED ONLY AS A GUIDE LINE FOR APPLICATION SUBMITTAL AND MAY OR MAY NOT BE ALL INCLUSIVE\*\*\*

**It is the applicant's responsibility to produce Notice of Commencement as specified in Florida Statute Chapter 713.13. prior to the scheduling of inspections. All inspections must be complete to close out the permit when the project is complete. Failure to close out permits may result in additional fees and/or suspension of rights to obtain additional permits.**



# Flagler County Building Permit Application

<b>FOR BUILDING USE ONLY</b>
Permit # _____
Code # _____
Date _____

1. **Property Owners Name:** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. **Location of Property/ Job Address:** \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 Parcel #: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

3. **Contractor / Installer:** \_\_\_\_\_  
 Address: \_\_\_\_\_ State License: \_\_\_\_\_  
 City/State/Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

4. **Description of Work:** \_\_\_\_\_  
 **Commercial**  **Residential**  
**Mobile Home:** Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Specify Single or Double Wide \_\_\_\_\_ Width: \_\_\_\_\_ x Length: \_\_\_\_\_ (*without hitch*)=Sq Ft: \_\_\_\_\_  
 Is this a replacement home?  YES or  NO (*If yes provide proof*)

5. **Total Square Footage Under Roof:** \_\_\_\_\_

6. **Type of Construction, Occupancy Classification and Area Totals:**

Type of Construction (check one):

IA	IB	IIA	IIB	IIIA	IIIB	IV	VA	VB
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Occupancy Classification (check one):

A-1	A-2	A-3	A-4	B	E	F-1	F-2	H-1	H23	H-5	I-1
I-2	I-3	I-4	M	R-1	R-2	R-3	R-4	S-1	S-2	U	

Living Area: \_\_\_\_\_ Square feet. Non Living: \_\_\_\_\_ Square feet.  
 Number of Rooms (total): \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_  
 Number of Stories: \_\_\_\_\_ Habitable Floors: \_\_\_\_\_ Number of Elevators: \_\_\_\_\_  
 Patio: \_\_\_\_\_ Square feet. Driveway: \_\_\_\_\_ x \_\_\_\_\_ Pool Area (including deck): \_\_\_\_\_  
 Fire Sprinklers:  YES or  NO (*If yes, separate permit required*)

7. **Potable Water Supplied by:** \_\_\_\_\_ **Septic Tank Permit #:** \_\_\_\_\_  
**or Water and Sewer Company:** \_\_\_\_\_

8. **Total Cost of Improvements:** \_\_\_\_\_

9. **Sub Contractor Information:**

**Electrical Contractor:**

DBA:	License Holders Name:
State License Number:	Size of Electrical Service: Phase: _____ Amps: _____

**Plumbing Contractor:**

DBA:	License Holders Name:
State License Number:	Number of Bathrooms :
Number of Drains :	

**Mechanical Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Mechanical :
Size of Unit	tons.

**Roofing Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Roof :
Type of Roof to be Installed:	Square Footage of Structure:

**Aluminum Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Aluminum Structure:
Square Footage under Solid Roof Panels :	

**Gas Contractor:**

DBA:	License Holders Name:
State License Number:	Total Number of Outlets:

**Elevator:**

DBA:	License Holders Name:
State License Number:	Total Cost of Elevator:

**Others Contractor:**

DBA:	License Holders Name:
State License Number:	Total Cost of Others:

*Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.*

**“FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR THE BUILDING IMPROVEMENTS”**

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

IS SIGNING AS:    CONTRACTOR    MOBILE HOME INSTALLER    OWNER\*    (Check one)

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to and Subscribed before me, the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.  
(Type of Identification)

\_\_\_\_\_  
Signature of Notary Public or Staff Signature\*    Print, Type or Stamp of Notary

**\*To qualify as an owner/builder, the owner of the property must personally appear at Central Permitting and sign this application. (FS §489.103.7b)**



**Flagler County**  
**Residential Tree Protection and Landscape Compliance**  
**(For all Building Permits other than a New Residential Structure)**

**Please complete Section I, II, and IV when Index Trees (see definition below) exist on property. If no Index Trees exist on property, please complete Section III and IV.**

I, \_\_\_\_\_, the undersigned, certify that  
 Print or Type Name(s)

I am the owner or duly appointed agent for the property described below:

Property Street Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

**I** **Residential Tree Protection Compliance LDC, §6.01.03**

**Index tree protection/replacement requirements:**

Each single-family residential lot must preserve or replant at least forty (40) percent of the total pre-development caliper inches existing on the site.

- Where replacement trees are required to be planted in order to maintain the minimum number of caliper inches, they shall be from the index tree list, have a minimum caliper of two and one-half (2 ½) inches measured six (6) inches above grade after planting and be Florida Grade #1 or better.

**INDEX TREE: A Tree (listed below) having a caliper of 6 inches or greater.**

Flagler County Protected Index Trees					
Predevelopment Tree Caliper Inches (TCI):			40% of Predevelopment TCI:		
Total Caliper Inches Post Development:			<i>Minimum replacement tree size 2 ½" diameter, 6" above grade</i>		
Common Name	Number of Trees Provided	Caliper Inches	Common Name	Number of Trees Provided	Caliper Inches
<b>Example:</b>			Magnolia, Southern *		
<b>Elm</b>	<b>3</b>	<b>6", 6", 10"</b>	Magnolia, Sweetbay*		
Ash*			Maple, Red*		
Bay			Oak*		
Black Cherry			Persimmon		
Cherry Laurel			Redbud, Eastern		
Cypress, bald			Red Cedar, Eastern		
Cypress, pond			Red Cedar, Southern*		
Devil's Walking Stick			Sweetgum*		
Elm*			Sycamore, American*		
Hackberry			Tupelo, Black		
Hickory*			Tupelo, Swamp		
Holly			Yellow-Poplar (Tulip tree)		
Totals:			Totals:		



**Flagler County**  
**Residential Tree Protection and Landscape Compliance**  
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**II**

**Please initial the following Statement if no Protected Index Trees over 6 inches in caliper are to be removed from the property.**

\_\_\_\_\_ I certify that no protected index trees will be removed from the above-described property for which a building permit is sought.

**III**

**Please initial the following Statement if no Protected Index Trees over 6 inches in caliper exist on the property.**

\_\_\_\_\_ I certify that no protected index trees exist on the above-described property for which a building permit is sought.

**IV**

**Please sign below to certify that the above information is true and accurate.**

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

# Owner Builder Disclosure Statement

Chapter 489, Florida Statutes 489 Sec. 103, Part I/Part II "Construction Contracting" requires:

## DISCLOSURE STATEMENT

1. I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license. **Initial:** \_\_\_\_\_
2. I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility. **Initial:** \_\_\_\_\_
3. I understand that, as an owner-builder, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on permits and contracts. **Initial:** \_\_\_\_\_
4. I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is sold or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for sale or lease, which violates the exemption. **Initial:** \_\_\_\_\_
5. I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction. **Initial:** \_\_\_\_\_
6. I understand that I may not hire an unlicensed person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the persons whom I employ have the licenses required by law and by county or municipal ordinance. **Initial:** \_\_\_\_\_
7. I understand that it is a frequent practice of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-builder and am aware of the limits of my insurance coverage for injuries to workers on my property. **Initial:** \_\_\_\_\_
8. I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee. I understand that my failure to follow these laws may subject me to serious financial risk. **Initial:** \_\_\_\_\_
9. I agree that, as the party legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. **Initial:** \_\_\_\_\_

10. I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contact the Florida Construction Industry Licensing Board at (850) 487-1395 or www.myfloridalicense.com/DBPR for more information about licensed contractors. **Initial:** \_\_\_\_\_

11. I am aware of, and consent to, an owner-builder building permit applied for in my name and understand that I am the party legally and financially responsible for the proposed construction activity at the following address:

**PRINT ADDRESS HERE** \_\_\_\_\_.

12. I agree to notify the Building Department immediately of any additions, deletions, or changes to any of the information that I have provided on this disclosure. **Initial:** \_\_\_\_\_

Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Construction Industry Licensing Board and Department of Business and Professional Regulation may be unable to assist you with any financial loss that you sustain as a result of a complaint. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

Before a building permit can be issued, this disclosure statement must be completed and signed by the property owner. A copy of the property owner's driver license, the notarized signature of the property owner, or other type of verification acceptable to the local permitting agency is required when the permit is issued.

Property Owners Signature: \_\_\_\_\_

Property Address: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF FLAGLER

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by

\_\_\_\_\_  
(Full name of person acknowledging.)

Personally known: \_\_\_\_\_

Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public



## Pulling an Owner/Builder Permit is Risky Business!



If you do not intend to do the work yourself and have been asked by someone without a contractor's license to pull the permit, you are at risk of financial harm.

**Section 489.103 (7), Florida Statutes** requires that when property owners act as their own contractor, they must supervise the work being performed. Any person working on your building who is not licensed must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee.

Without workers' compensation insurance, you could be held liable for injuries incurred on your property. Typically, your homeowners' insurance policy will not honor your claim if the work being performed required a licensed contractor. You could end up responsible for thousands of dollars of medical bills.



**Not only is it dangerous, but it's against the law.**

**Section 455.227(1)(J), Florida Statutes** prohibits any person from aiding, assisting, procuring, employing or advising any unlicensed person or entity. Individuals who aid unlicensed persons may face fines of up to \$5,000.

## Is it worth it?

For more information, speak with your local building department before you apply for a permit or contact the Department of Business and Professional Regulation at 850.487.1395 or online at [www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)





FLAGLER COUNTY
AFFIDAVIT OF DRAINAGE CONTROL FOR
RESIDENTIAL AND MINOR COMMERCIAL CONSTRUCTION

Building Permit Number:
(OFFICE USE ONLY)

A. OWNER/SITE INFORMATION:

Name of Owner: Phone Number:
Address:
Subdivision Name: Lot Number of Site:
Tax Parcel Number: Section: Township: Range:

B. CERTIFICATE OF COMPLIANCE:

The undersigned owner of the above-described property hereby certifies that development of the above property will not result in:

- 1. Flooding of adjacent lands.
2. Blockage of existing drainage systems, natural or manmade.
3. The destruction of existing drainage systems, natural or manmade.
4. Erosion of fill or disturbed materials onto adjacent lands or environmentally sensitive areas (as determined by Flagler County).
5. The destruction of roadside drainage swales, roadway pavement and/or shoulders.
6. Flooding of the proposed structure during a 100-year frequency storm.
7. Construction to an elevation less than that required by the Flagler County Land Development Code. (Applicant is cautioned UNAUTHORIZED construction may be subject to demolition).
8. Inadequate onsite drainage in the vicinity of the proposed structure.
9. Deviation from the approved grading plan for this property.

C. RELEASE AND AUTHORIZATION:

- 1. The undersigned hereby release and holds harmless the County of Flagler and its authorized agents and/or employees from any and all claims of damage of every kind and nature whatsoever to said property, or contiguous properties, arising from the approval of this application or construction of required improvements.
2. The undersigned hereby grants unto authorized agents and/or employees of the County of Flagler the right to enter upon said property for inspection and enforcement activities. Flagler County reserves the right to require the property owner to implement reasonable measures regarding drainage control including, but not limited to, submittal of signed and sealed engineering drainage plans.

(Signature)

(Printed Name)

State of

County of

Sworn to and Subscribed before me, the Day of, 20 by

who is personally known to me or has produced

as identification.

(Type of Identification)

Signature of Notary Public

Print, Type or Stamp of Notary

## FLAGLER COUNTY PRODUCT APPROVAL PERMIT APPLICATION INFORMATION

<b>PROJECT DESIGN CRITERIA</b> <i>*Please answer the following questions</i>	<b>YES</b>	<b>NO</b>
COASTAL CONSTRUCTION ZONE? (SEAWARD OF CCCL LINE)		
COASTAL BUILDING ZONE?		
WINDBORNE DEBRIS REGION?		
EXPOSURE CATEGORY (CIRCLE)	(B) (C) (D)	
<i>IF APPLICABLE, METHOD OF COMPLIANCE WITH SECTION 1609.1.2 "PROTECTION OF OPENINGS"</i>		
<b>CHECK APPROPRIATE METHOD</b>		
<input type="checkbox"/>	DESIGN FOR INTERNAL PRESSURE	
<input type="checkbox"/>	SHUTTER SYSTEM	
<input type="checkbox"/>	IMPACT RESISTANT GLASS	

**SPECIAL NOTE:**

IT IS THE APPLICANTS' SOLE RESPONSIBILITY TO VERIFY THAT SPECIFIC PRODUCTS HAVE BEEN INSTALLED IN ACCORDANCE WITH THEIR LIMITATIONS (FOR EX.: WINDOWS, DOORS, GARAGE DOORS, SKYLIGHTS AND SHUTTER SYSTEMS NEED TO MEET THE MINIMUM REQUIRED DESIGN PRESSURES FOR THE PROJECT). SPECIFIC COMPLIANCE WILL BE VERIFIED DURING FIELD INSPECTIONS.

**IN ADDITION TO THIS FORM, MANUFACTURER SPECIFICATIONS AND INSTALLATION INSTRUCTIONS FOR EACH PRODUCT ARE REQUIRED TO BE ON SITE AT THE TIME OF INSPECTION.**

TYPE	MANUFACTURER	MODEL # / SERIES	<i>RESERVED FOR PLANS EXAMINER USE</i>	2023 FLORIDA APPROVAL # <i>(MUST INCLUDE DECIMAL NUMBER)</i>	FLORIDA APPROVAL PDF FILE # <i>(IF APPLICABLE)</i>	MIAMI/DADE N.O.A. <i>(IF APPLICABLE)</i>
<b>EXTERIOR DOORS</b>						
SWINGING						
"						
SLIDING						
"						
OVERHEAD						
"						
OTHER						
<b>WINDOWS</b>						
SINGLE HUNG						
DOUBLE HUNG						
HORIZONTAL ROLLING						
CASEMENT						
FIXED						
AWNING						
PASS THRU						
SKYLIGHT						
OTHER						

TYPE	MANUFACTURER	MODEL # / SERIES	RESERVED FOR PLANS EXAMINER USE	FLORIDA APPROVAL #	FLORIDA APPROVAL pdf FILE # (IF APPLICABLE)	MIAMI/DADE N.O.A. (IF APPLICABLE)
<b>ROOFING</b>						
SHINGLES	FIELD VERIFY					
METAL						
TILE						
UNDERLAYMENT						
<b>SHUTTERS</b>						
ROLL-UP						
PANELS						
PLYWOOD	D (CHECK HERE IF THIS METHOD IS CHOSEN)					
OTHER						
<b>STRUCTURAL COMPONENTS</b>						
HURRICANE ANCHORS	(SPECIFY MANUFACTURER(S))					
ENGINEERED LUMBER						
LINTELS						
INSULATION FORMS						
OTHER						

CONTRACTOR or OWNER/CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

THE FOLLOWING ALTERNATIVES ARE ACCEPTABLE IF THE PROPOSED PRODUCTS DO NOT HAVE VOLUNTARY STATE APPROVAL OR MIAMI/DADE ACCEPTANCE:

- Copy of product approval/testing information and copy of listing -or- report from a Product Certification Agency approved by the Florida Building Commission for each different covered product. Approved product certification agencies are shown @ [www.floridabuilding.org](http://www.floridabuilding.org) (click on the product approval button, then click on the organization search tab).
- Copy of product approval/testing information from a Florida Building Commission approved Product Evaluation Entity or Product Testing Laboratory and documentation showing the manufacturer has a Florida Building Commission approved Quality Assurance Agency on retainer. Submittals are required for each different covered product. Approved Product Evaluation Entities, Product Testing Laboratories and Quality Assurance Agencies are shown on the above referenced website (click on the product approval button, then on the organization search tab).

AFTER RECORDING -RETURN TO:

\_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. **DESCRIPTION OF PROPERTY** a. Tax Parcel No. Required: \_\_\_\_\_

b. Full Legal Description Required: \_\_\_\_\_

c. Physical Address, Required if available \_\_\_\_\_

2. **GENERAL DESCRIPTION OF IMPROVEMENT:** \_\_\_\_\_

3. **OWNER / LESSEE INFORMATION IF THE LESSEE CONTRACTED FOR THE IMPROVEMENT:**

a. Name and address: \_\_\_\_\_

b. Interest in property: \_\_\_\_\_

c. Name and address of fee simple titleholder (If other than owner): \_\_\_\_\_

4. **CONTRACTOR'S:** a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_ C. Phone: \_\_\_\_\_

5. **SURETY** (if applicable, a copy of the payment bond is attached): a. Name \_\_\_\_\_

b. Address: \_\_\_\_\_

c. Phone number: \_\_\_\_\_ d. Amount of bond: \$ \_\_\_\_\_

6. **LENDER'S NAME:** a. \_\_\_\_\_

b. Lender's Address's: \_\_\_\_\_ c. Phone: \_\_\_\_\_

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)a/7., Florida Statutes

a. Name and address: \_\_\_\_\_

b. Phone numbers of designated persons: \_\_\_\_\_

8. a. In addition to himself or herself, Owner designates \_\_\_\_\_ of \_\_\_\_\_ to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes.

b. Phone number of person or entity designated by owner: \_\_\_\_\_

9. Expiration date of notice of commencement: \_\_\_\_\_, 20\_\_\_\_.

(The Expiration date will be 1 year from the date of the Recording unless otherwise specified)

**WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13 FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
(Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager)

\_\_\_\_\_  
(Print Name and Provide Signatory's Title/Office)

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_,

( name of person )

Personally Known \_\_\_ or Produced Identification \_\_\_ Type of Identification Produced \_\_\_\_\_

Notary

\_\_\_\_\_  
(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)