CITY OF PORT ST. LUCIE

NEIGHBORHOOD SERVICES DEPARTMENT
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida 34984

PROPERTY OWNER APPROVAL REQUIRED

Applicants must provide permission of any property owner of a residence, allowing the proposed Community Residential Home to be facilitated in their property. The owner must fill out this page in the presence of a notary. The notary must sign and stamp this page or approval will not be granted.

A. Property Owner Contact Information

Property Owner Name: _____

Property Owner Mailing/ Living Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

B. Proposed Community Residential Home Information

Community Residential Home Name: _____

Community Residential Home Address: _____

C. Community Residential Home Property Owner's Consent

(DO NOT SIGN OR INITIAL UNTIL YOU ARE IN THE PRESENCE OF A LICENSED NOTARY)

☐ I affirm that permission has been obtained and granted for the proposed Community Residential Home listed above **(PLEASE INTIAL)**.

Property Owner's **Printed** Name: _____

Property Owner's Signature: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization on this _____ day of _____, 20___, by _____ who is personally known to me or has produced _____ as identification

(Signature of Notary Public-State of Florida) _____ *NOTARY SEAL:*

(Name of Notary Typed, Printed, or Stamped) _____

Personally Known _____ OR Produced Identification _____
*Type of Identification Produced*_____