

If you have a disability and the format of this document interferes with your ability to access some information, please contact us at (239) 444-6150 during regular business hours (8:00am-5:00pm, Monday-Friday), and we'll gladly assist.

**CITY OF BONITA SPRINGS**

Community Development Department  
9220 Bonita Beach Road, Ste. 111  
Bonita Springs, FL 34135  
Phone: (239) 444-6150  
email: permitting@cityofbonitaspringscd.org

**MAILING NOTICES  
AFFIDAVIT**

Property owners within 375 feet (or 500 feet in the case of on-premises consumption special exceptions) of the subject parcel(s) must be notified in writing of the proposed zoning action going before council within thirty CALENDAR (30) days of the initial Public Hearing. Property owners must be informed of their ability to participate in these hearings and/or given the opportunity to return a Citizen Response Form, should they have any comments or concerns regarding the matter. This affidavit must be returned assuring the following:

- a. Affidavit for case # \_\_\_\_\_ sent on \_\_\_\_\_, 20\_\_\_\_\_.
- b. Names and addresses of property owners are those appearing on the latest tax rolls for Lee County.
- c. The Zoning Board for land use adjustments and City Council public hearing dates, times, and locations of hearings that were provided in the notices.
- d. All notices have been sent by first-class mail.

NOTE: AFTER THE NOTICES HAVE BEEN SENT, THE AFFIDAVIT OF THE MAILING NOTICES, BELOW, SHOULD BE RETURNED NO LATER THAN THREE (3) WORKING DAYS BEFORE THE INITIAL HEARING DATE TO CITY OF BONITA SPRINGS ZONING DIVISION, 9220 BONITA BEACH ROAD, SUITE 109, BONITA SPRINGS, FL 34135.

BEFORE THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED \_\_\_\_\_ WHO ON OATH SAYS THAT HE/SHE HAS SENT PROPER NOTICE AS REQUIRED BY SECTION 4-229(B) OF THE CITY OF BONITA SPRINGS LAND DEVELOPMENT CODE ON THE PARCEL COVERED IN THE ZONING APPLICATION REFERENCED BELOW:

ZONING APPLICATION CASE NUMBER: \_\_\_\_\_

SIGNATURE OF APPLICANT OR AGENT: \_\_\_\_\_

NAME (TYPED OR PRINTED): \_\_\_\_\_

SITE ADDRESS OR P.O. BOX: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by means of physical presence  or online notarization  ,  
this (day) \_\_\_\_\_ of (month) \_\_\_\_\_ , (year) \_\_\_\_\_ ,  
by (name of person making statement) \_\_\_\_\_.

Signature of Notary Public - State of Florida: \_\_\_\_\_

Name of Notary Typed, Printed, or Stamped: \_\_\_\_\_

Personally Known  OR Produced Identification

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