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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

**TEMPORARY USE OF MOBILE HOME, TRAVEL TRAILER, OR
PARK-TRAILER AFFIDAVIT**

I, _____(printed name) certify that I am the owner or authorized representative of the property at (address) _____, and that all answers to the questions in this application and other supplementary matter attached to and made a part of this application, are honest and true to the best of my knowledge and belief. I also authorize the staff of the City of Bonita Springs Community Development to enter upon the property during normal working hours for the purpose of investigating and evaluating the request made thru this application.

The undersigned recognize the following and will be guided accordingly in the pursuit of this application request:

1. The primary residence at the address herein has been rendered unfit for human habitation due to an emergency as defined in F.S. § 252.34; and
2. The homeowner will apply for the required building permit(s). Failure to submit and/or obtain the required building permits may result in revocation or denial of extension (if applicable), for the temporary use of mobile home, travel trailer or park trailer temporary use permit; and
3. The homeowner acknowledges all CONDITIONS FOR USE as set forth in the Additional Required information-Part N.

STATE OF: _____ COUNTY OF: _____

Signature: _____

Signatory's Printed Name: _____

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: _____