

**CITY OF TAMPA
DEVELOPMENT & GROWTH MANAGEMENT
BARRIO LATINO COMMISSION
PARKING LOT ANNUAL OPERATION AND SECURITY PLAN
AFFIDAVIT ATTESTING TO COMPLIANCE (SECTION 27-178)**

BPK- _____ DATE RECEIVED: _____
PROPERTY ADDRESS: _____ FOLIO NUMBER: _____
PROPERTY OWNER NAME: _____ PHONE NUMBER: _____
CERTIFICATE OF APPROPRIATENESS: BLC- _____ DATE APPROVED: _____
SECURITY COMPANY CONTACT NAME: _____ PHONE NUMBER: _____

NAME OF ALL PROPERTY OWNERS _____

_____ being first duly sworn, depose(s) and say(s):

1. That (I am/we are) the owner(s) and record title holder(s) of the property described above.
2. That I/we intend to operate said property as a paid parking lot.
3. That the parking lot configuration and site elements have not been modified from and are in compliance with the Barrio Latino Commission (BLC) Certificate of Appropriateness issued on _____ (date approved) in **BLC-**_____, attached hereto as Exhibit "A".
4. Attached and made part of this Affidavit are:
 - (a) a statement describing the parking lot layout (the BLC-approved Certificate of Appropriateness may be submitted to satisfy certain items of this requirement) (attached as Exhibit "B");
 - (b) an illustration of the parking lot showing the physical layout and continued compliance with the BLC Certificate of Appropriateness approval of the parking lot (attached as Exhibit "C");
 - (c) a copy of the current contract with the security firm (attached as Exhibit "D"); and
 - (d) photos of the posted signs (attached as Exhibit "E").
5. That (I, we), the undersigned authority, hereby certify that the foregoing is true and correct.

Owner or Authorized Agent

Owner or Authorized Agent

STATE OF FLORIDA - COUNTY OF HILLSBOROUGH
Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this day of _____, 20____ by the above-named Property Owner(s)/Agent(s). Such person(s) is/are personally known to me or produced a/an ____ state driver license(s)/ ID card(s) as identification.

[AFFIX NOTARY PUBLIC SEAL]

Signature: _____
Printed Name: _____
Notary Public, State of Florida
My commission expires: _____ Serial No. (if any): _____