



**Application  
For Amendment of  
Future Land Use Map Designation**



**Instructions:** Please review the document "Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County" prior to completing this application.

A pre-application conference with TLCPD staff must be completed prior to the application deadline.

**A. APPLICANT INFORMATION**

Applicant Name: MORTGAGE INVESTMENTS OF TALLAHASSEE, LLC

Address: 3196 MERCHANTS ROW BLVD. STE 130  
TALLAHASSEE, FL 32311

Telephone: 850-528-1898

E-mail Address joshkasper@joshkasper1971@gmail.com

Property located in:  City  Unincorporated County

Tax I.D.(s) #: 3109206320000

Parcel size (acres): 1.89 +/-

Current Future Land Use Map designation: URBAN RESIDENTIAL 2 + ACTIVITY CENTER

Requested Future Land Use Map designation: ACTIVITY CENTER

**B. REQUIRED ATTACHMENTS**

The items below are required components of a complete application. Information on preparing these items is included in the document "Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County." Please include each item as a numbered attachment to your application. Initial each item on this application to indicate that it is complete and attached.

- Attachment 1: Completed pre-application conference form
- Attachment 2: Completed "Affidavit of Ownership & Designation of Agent" form
- Attachment 3: Copy of legal description or deed (acreage should be estimated at end)
- Attachment 4: Completed Rezoning Application necessary to implement the proposed land use change, available at <https://www.tal.gov.com/place/pln-luapps.aspx>. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

- Attachment 5: Completed School Impact Analysis Form.
- Attachment 6: Potable Water and Sanitary Sewer capacity and availability letter.
- Attachment 7: Transit service analysis
- Attachment 8: Answers to the questions below regarding the proposed change on a separate page:

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.

[https://www.talgov.com/Uploads/Public/Documents/place/comp\\_plan/tlc-cp00-introd.pdf](https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf)

**C. OPTIONAL ATTACHMENTS**

*The Planning Department encourages applicants to address the two optional attachments below. Please initial the attachments included in your application.*

\_\_\_ Attachment 9: Informal Neighborhood Meeting Form

\_\_\_ Attachment 10: Sustainable Development Pattern Survey

**D. ADDITIONAL APPLICATION REQUIREMENTS**

*Initial each item on this application to indicate that it is complete.*

- One (1) signed original of the completed application, attachments, and supporting documentation
- One (1) electronic version of the completed application, attachments, and supporting documentation shall be submitted on a CD, DVD, or USB Flash Drive. The required format for all text documents is MS Word or PDF. The required file format for all maps drawings and graphics is PDF, JPEG, PNG, or TIFF.
- \_\_\_ Application fee in the form of a check payable to the City of Tallahassee or Leon County Board of County Commissioners.
- \_\_\_ Commitment to pay the rezoning application fee after the Local Planning Agency Public Hearing

**APPLICATION DEADLINE:**  
**Friday, September 22, 2023 5:00 PM (EST)**

Applicants' signature below certifies that the applicant understands that the Future Land Use Map Amendments may require a rezoning; environmental analysis and other permit approvals before development activity can begin. Call the Land Use Administration Division of the Planning Department at 850-891-6400 for information on the rezoning process.

Received by the Tallahassee-Leon County Planning Department  
 on the 15<sup>th</sup> day of September, 2023

  
 Staff Signature

\_\_\_\_\_  
 Signature of Property Owner or Agent



### Pre-Application Conference Form For Amendment of Future Land Use Map Designation



**Instructions:** This form is to be completed during the required pre-application conference. A signed copy of the completed form must be included with your application.

Deadline for pre-application conferences for this amendment cycle is **Wednesday, September 13, 2023**. Please contact the Planning Department in advance to schedule a pre-application conference by calling (850) 891-6400.

Applicant Name: Mortgage Investments of FL LLC Date: 9/15/23  
c/o Josh Kasper

Telephone: (850) 528-1898 E-mail (optional) joshkasper1971@gmail.com

Property located in:      City  Unincorporated County

Tax I.D. #: 3109206320000 Parcel size (acres): 1.89 +/-

Current Future Land Use Map designation: URBAN RESIDENTIAL 2 & ACTIVITY CENTER

Requested Future Land Use Map designation: ACTIVITY CENTER

Small Scale Amendment (50 acres or fewer) or  
 Large Scale Amendment (more than 50 acres)

Maximum development: Residential units: 45 u/ac Nonresidential square feet:     

#### Conference Review Items

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Provide application packet      | <input type="checkbox"/> Application sufficiency determination (Insufficient information may cause application to be continued to the next cycle) |
| <input checked="" type="checkbox"/> Review required attachments     | <input type="checkbox"/> Applicant's responsibility to pay for rezoning after the Local Planning Agency Public Hearing                            |
| <input type="checkbox"/> Review optional attachments                |   |
| <input type="checkbox"/> Review additional application requirements |   |
| <input type="checkbox"/> Review completeness requirement            |   |

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Signature] 9/15/23  
Planner

[Signature]  
Applicant



**TALLAHASSEE-LEON COUNTY PLANNING DEPARTMENT**  
**Applicant's Affidavit of Ownership & Designation of Agent**



**I. OWNERSHIP**

I, Mortgage Investments of Tallahassee LLC c/o Josh Kasper, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) 3109206320000

Location address: 2225 Orange Avenue East Tallahassee FL 32311

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of: Mortgage Investments of Tallahassee LLC.

Please complete the appropriate section below:

Individual

Corporation

Partnership

Provide Names of Officers:

Josh Kasper

Provide Names of General Partners:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dept. of State Registration No.:

L13000171526

Name/Address of Registered Agent:

Josh Kasper  
2590 Southwood Plantation Rd  
Tallahassee, FL 32311

**II. DESIGNATION OF APPLICANT'S AGENT (Leave blank if not applicable)**

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: Josh Kasper

Address: 2590 Southwood Plantation Rd. Tallahassee FL 32311

Contact Person: Josh Kasper Telephone No.: 850-528-1998

**III. NOTICE TO OWNER**

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)

\_\_\_\_\_

\_\_\_\_\_

IV. ACKNOWLEDGEMENT

Individual

Corporation

Partnership

Mortgage Investments of Tallahassee LLC  
Print Corporation Name \_\_\_\_\_ Print Partnership Name \_\_\_\_\_

By: [Signature] \_\_\_\_\_ By: \_\_\_\_\_  
*Signature* *Signature*

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Print Name: Josh Kayser  
Its: Managing Member  
Address: 2590 Southwood Plantation Del. T.H.R. 32311  
Phone No.: 850-528-1898

Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Please use appropriate notary block.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Individual

Corporation

Partnership

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, partner/agent on behalf of \_\_\_\_\_, a \_\_\_\_\_ partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

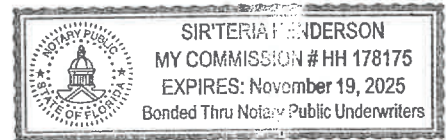
Personally known \_\_\_\_\_; or  
Produced identification \_\_\_\_\_.  
Type of identification produced: \_\_\_\_\_

[Signature]  
Signature of Notary

Print Name: Sir Teria Henderson  
Notary Public

(NOTARY STAMP)

My commission expires:



### **Attachment 3**

Attach a legal description or a copy of the deed for the subject property

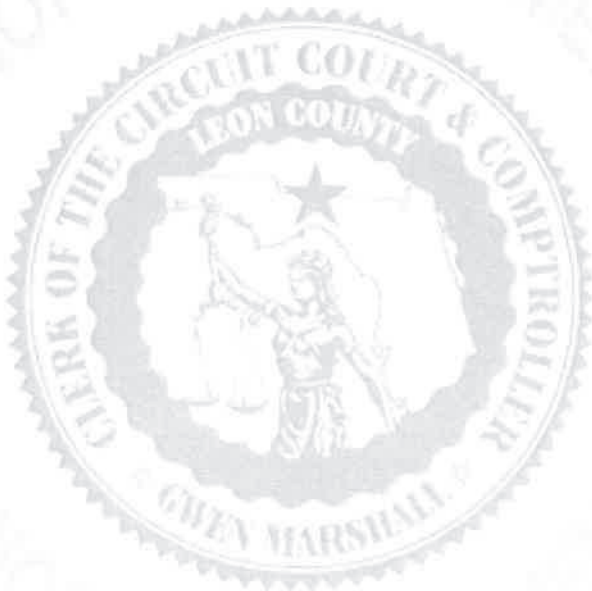
**EXHIBIT A**  
Legal Description

The East Half (E1/2) of the Southwest Quarter (SW1/4) of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) of Section 9, Township 1 South, Range 1 East excepting and reserving therefrom a strip of land 15 feet in width from the South side and strip of land 15 feet on the North side of said land for roadways, said parcel of land being otherwise known as Lot 14, of BOND'S FIVE ACRE FARMS.

LESS AND EXCEPT therefrom:

Begin on the East boundary of the East Half (E1/2) of the Southwest Quarter (SW1/4) of Northeast Quarter (NE1/4) of Southwest Quarter (SW1/4) of Section 9, Township 1 South, Range 1 East, at a point 15 feet South from the Northeast corner thereof; run thence South along said line a distance of 630 feet; thence run West 330 feet; thence run North 240.39 feet; thence run East 310 feet; thence run North 389.61 feet; thence run East 20 feet to the point of beginning

LESS AND EXCEPT that portion of property described in Order of Taking recorded in Official Records Book 648, Page 497 of the Public Records of Leon County, Florida.



# SCHOOL IMPACT ANALYSIS FORM

<b>Agent Name:</b> Josh Kasper	<b>Date:</b> 9/15/23
<b>Applicant Name:</b> Mortgage Investments	<b>Telephone:</b> 850 528-1898
<b>Address:</b> 00 Tallahassee LLC, 2590 Southwood Plantation Rd. Tallahassee FL 32311	<b>Fax:</b>
	<b>Email:</b> joshkasper1971@gmail.com

**① Location of the proposed Comprehensive Plan Amendment or Rezoning:**

Tax ID #: 3109206320000  
 Property address: 2225 Orange Avenue East Tallahassee FL 32311  
 Related Application(s): Future land use + zoning change to AC

**② Type of requested change:**

- Comprehensive plan land use amendment that permits residential development.
- Rezoning that permits residential development.
- Nonresidential land use amendment adjacent to existing residential development.
- Nonresidential rezoning adjacent to existing residential development.
- None of the above

**③ Proposed change in Future Land Use and Zoning classification:**

- Comprehensive plan land use From: Urban Residential 2 + Activity Center To: Activity Center
- Zoning From: R-3 To: AC

**Planning Department staff use only:**

**④ Maximum potential number of dwelling units allowed by the request:**

Number of acres: 1.2  
 Number of dwelling units allowed per acre: 4.5  
 Maximum number of dwelling units allowed: \_\_\_\_\_  
 Type(s) of dwelling units: \_\_\_\_\_

**Leon County Schools staff use only:**

**⑤ School concurrency service areas (attendance zones) in which property is located.**

<b>Elementary:</b>	<b>Middle:</b>	<b>High:</b>
Present capacity _____ %	_____ %	_____ %
Post Development capacity _____ %	_____ %	_____ %

This form is required by §8.3 of the Public School Concurrency and Facility Planning Interlocal Agreement as adopted on September 1, 2006 by the City of Tallahassee, Leon County, and Leon County School Board. Pursuant to §6.4 of the Agreement, the City or County will transmit the School Impact Analysis Form to a designated employee of the School Board for review at the same time the application is submitted to all departments for review.





## Attachment 4

Include a completed rezoning application (if applicable)

- Rezoning applications for both the City and County are available at <https://www.talgov.com/place/pln-luapps.aspx>.
- For the purpose of applying for a Future Land Use Map change, the Planning Department does not require a Natural Features Inventory to consider your rezoning application complete.
- The application fee for the rezoning is NOT collected at the time of your Application for Amendment of Future Land Use Map Designation. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

# TRANSIT SERVICE ANALYSIS FORM

<b>Agent Name:</b> Josh Kasper	<b>Date:</b> 9/15/23
<b>Applicant Name:</b> Mortgage Investments of Tallahassee, LLC	<b>Telephone:</b> 850-528-1998
<b>Address:</b> 2540 Southwood Plantation Rd Tallahassee FL 32311	<b>Fax:</b>
	<b>Email:</b> joshkasper1971@gmail.com

① **Location of the proposed Comprehensive Plan Amendment or Rezoning:**

**Tax ID #:** 3109206320000  
**Property address:** 2225 Orange Avenue East Tallahassee FL 32311  
**Related Application(s):** Rezoning / Comp Plan Amends.

② **The proposed site is located within 1/4 mile of a stop for the following bus routes:**

**Weekday Routes**

- Azalea
- Big Bend
- Dogwood
- Evergreen
- Forest
- Gulf
- Hartsfield
- Killlearn
- Live Oak
- Moss
- Park
- Red Hills
- San Luis
- Southwood
- Tall Timbers
- Trolley

**Campus Routes**

- Seminole Express
- Venom Express

**Other Routes**

- Other \_\_\_\_\_
- None of the above

*Maps and route schedules are available on the StarMetro website at  
<http://www.tal.gov.com/starmetro/starmetro-routes.aspx>*

## Attachment 6

Attach the potable water and sanitary sewer capacity and availability analysis

- The analysis should be based on the **maximum development potential of the requested category**.
- Contact City of Tallahassee Utilities Department at (850) 891-6105 or Talquin Electric Cooperative at (850) 627-7651 and provide them with a copy of your completed Pre-Application Conference Form indicating the maximum development potential.

## Attachment 8

### Attach the Applicant Statement

**Answer the questions on a separate sheet(s)** - these questions provide the applicant with an opportunity to explain why the requested change is needed, impacts of the change, and consistency with our community's Comprehensive Plan.

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.  
[https://www.talgov.com/Uploads/Public/Documents/place/comp\\_plan/tlc-cp00-introd.pdf](https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf)

1. To adjust the split zoning on the property and match the AC zoning around and on the same property.

2. Yes

3. No

4. This concept and vision match with what is already established in and around the property.

**Informal Neighborhood Meeting Form for Developments and Land Use Changes**

The Planning Department strongly encourages applicants for development approval or land use changes adjacent to single family residential land uses to meet informally with adjacent neighbors or the Neighborhood/Homeowner's Association(s) to provide an early opportunity for dialogue. The applicant and/or neighborhood(s) may use this attachment, at their discretion, to indicate to relevant Departments and recommending bodies the outcome of any discussions. Please answer the questions below, using additional pages if necessary

Type of application:  **Comp. Plan Amendment**                       **Rezoning**                       **Development**

Formal title of application: \_\_\_\_\_

Name of writer: \_\_\_\_\_ Date: \_\_\_\_\_

Writer's affiliation (applicant/association/other): \_\_\_\_\_

**1. Did the applicant meet with the affected Neighborhood/ Homeowner's Association(s) or other residents?**

Yes  No

**A. Title of the Association(s):** \_\_\_\_\_

**B. Name of neighborhood(s):** \_\_\_\_\_

**C. Dates of meeting(s):** \_\_\_\_\_

**D. Number of residents/representatives present at each meeting:** \_\_\_\_\_

**3. What initial concerns did the neighborhood or representatives communicate?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. If any, how did the applicant revise plans in to address the above concerns?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. If revisions were made, did they resolve concerns of the neighbors/representatives?**

All concerns were resolved                       Some concerns were resolved but not others  
 No concerns were resolved

**6. If plans were revised, what continuing or new concerns did the neighborhood communicate?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Can the continuing or new concerns be alleviated through a *reasonable* revision of plans?**

Yes  No

**8. Is the applicant willing to continue discussions with the neighbors or representatives?**

Yes  No

**Optional Sustainable Development Pattern Survey**

The City of Tallahassee and Leon County have consistently expressed a commitment to promote more sustainable development patterns. Consistent with this commitment, the Planning Department requests that applicants complete the following survey.

Is the proposed site in the:  City or  County

Is the proposed site in the Urban Services Area:  Yes or  No

Is the proposed site in the Multimodal Transportation District:  Yes or  No

Is the proposed site near the following existing or approved developments?

	Within ¼ mile	Within ½ mile	Sidewalks available? (Y/N)	Bike lanes available? (Y/N)	Multiuse Trail available? (Y/N)
Elementary School	Conley		Yes	Yes	
Middle School	Fscs	Nine	Yes	Yes	
High School	Fscs/JP2	Richards	Yes	Yes	
College/ University	<del>FSCU</del> / <del>AAAKU</del>		Yes	Yes	
Employment Center	STATE	STATE	Yes	Yes	Yes
Shopping Center	Publix Center	Publix Center	Yes	Yes	
Grocery Store	Publix	Publix/Aldi	Yes	Yes	
Restaurant	McDonalds Jersey mikes	Subway El. Jolicie	Yes	Yes	
Bank	Truist	Centennial	Yes	Yes	
Pharmacy	CVS	CVS/Walgreen	Yes	Yes	
Convenience Store	GATE	SITell	Yes	Yes	
Bus stop	Starr mtr car park/orange	Cap Center / <del>Appal</del> Pharj	Yes	Yes	
Park or Greenway					
Other Neighborhood	Southwood	Southwood	Yes	Yes	

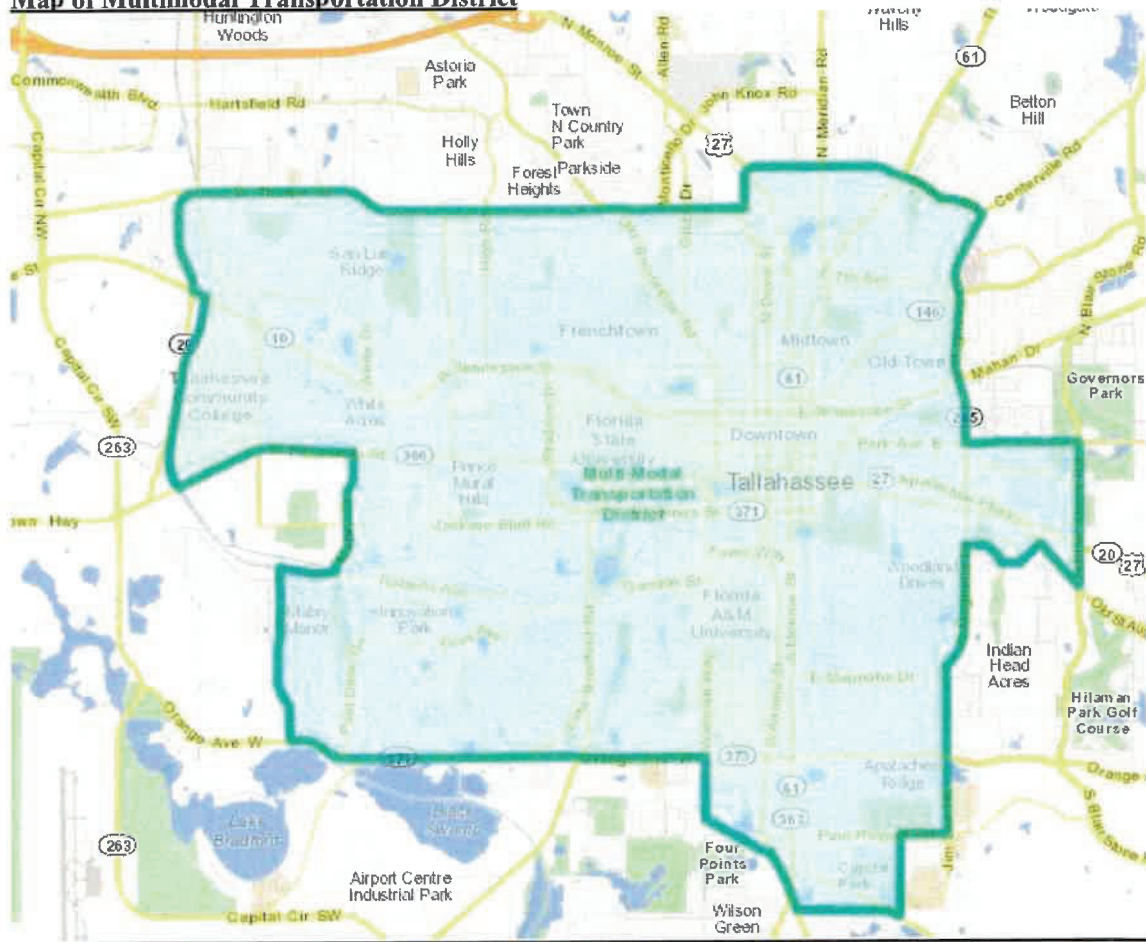
**What the Comprehensive Plan says about sustainable development patterns:**

The Comprehensive Plan provides significant direction on the preferred location and type of growth desired by the City and County, in general terms and in relation to specific areas and land use categories. These policies indicate that services, including mass transit, transportation, parks, and utilities, should be available within the Urban Services Area, especially within the Central Core and Southern Strategy Areas. In addition, many policies infer promotion of mixed-use land development patterns, "walk to" commercial, safe pedestrian access, and encourage a reduction of the number and lengths of vehicle trips. For example, the Parks and Recreation Element directs the Commission to include density as a consideration in acquiring a "local" park: specifically, the Commission should consider whether 5,000 people live within 1/2 mile of the proposed park, a density of approximately 4 dwelling units per acre.

**Map of Urban Services Area**



**Map of Multimodal Transportation District**







# Leon County APPLICATION FOR REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions Leon County for the following amendment to the Official Zoning Map:

**Change in Zoning District** Write in the name of the current zoning district(s) in which the property is currently located and the zoning district(s) you are requesting that this property be located within.

**From:** R-3

**To:** A/C

**Location:** The property is designated by the following Leon County Property Tax identification number(s):

3109206320000      2225 orange Avenue East  
Tallahassee FL 32311

**Legal Description:** Attach a legal description of the property requested to be rezoned.

**Disclaimer:** Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the *Tallahassee Land Development Code, Environmental Management Ordinance, and the Concurrency Management System Policy and Procedures Manual.*

**Note:** An electronic version of this application and all supporting documentation shall be submitted on a CD or DVD. Also, an original signed copy of the complete application and supporting documentation shall be submitted to the Planning Department.

The required file format for all text documents is Microsoft Word, WordPerfect or Adobe Acrobat PDF.

**NOTE:** In accordance with Leon County Policy 02-08, beginning January 1, 2003, all paid lobbyists intending to engage in any lobbying activities before the Leon County Board of County Commissioners on behalf of any person or entity must register with the Clerk of Court, Finance Department by filing a completed Leon County Lobbyist Registration form and paying an annual registration fee of \$25.

**Submitted By:**

Owner's Name(s):

*40 Josh Kasper*  
Name: Mortgage Investments of Tallahassee LLC Phone: 850 528 1898  
E-Mail: joshkasper1971@gmail.com Fax: \_\_\_\_\_  
Street: 2590 Southwood Plantation Rd  
City: Tallahassee ST: FL Zip+4: 32311

Agent's Name(s):

Name: Josh Kasper Phone: 850-528-1898  
E-Mail: joshkasper1971@gmail.com Fax: \_\_\_\_\_  
Street: 2590 Southwood Plantation Rd  
City: Tallahassee ST: FL Zip+4: 32311

Optionee's Name(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application.

### Letter of Understanding

*Mortgage Investments of Tallahassee LLC*

I *Josh Kayne* (print name) as the property owner or authorized property owner representative have read and understand the Leon County Application for Rezoning Review Information Packet and acknowledge submittal of a rezoning review application from *R-3* (district) to *A/C* (district).

 Signature  
Property Owner/Authorized Representative

*9/15/23* Date

*Fyoshia Breun* Witness

*9.15.23* Date

*Ant T. Land* Witness

*9/15/23* Date



**TALLAHASSEE - LEON COUNTY PLANNING  
DEPARTMENT**

**APPLICANT'S AFFIDAVIT OF OWNERSHIP &  
DESIGNATION OF AGENT**



**I. Ownership.**

I, \_\_\_\_\_, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) \_\_\_\_\_

Location address: \_\_\_\_\_

\_\_\_\_\_

for which this Application is submitted.

The ownership, as recorded on the deed, is in the name of:

Please complete the appropriate section below:

**Individual**

**Corporation**

**Partnership**

Provide Names of Officers:

Provide Names of General Partners:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dept. of State Registration No.:

\_\_\_\_\_

Name/Address of Registered Agent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Designation of Applicant's Agent. (Leave blank if not applicable)**

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**III. Notice to Owner.**

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.