

PASCO COUNTY
CENTRAL PERMITTING DIVISION
REPLACEMENT AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PASCO

BEFORE me, the undersigned authority, personally appeared _____
_____, who being by me first duly sworn, under oath, deposes and
states, as follows:

I do hereby swear/affirm:

1. That I owner/contractor of the property described as

2. That the above property may also be described as Parcel I.D. No.

SEC _____ TWN _____ RGE _____ SUB _____ BLOCK _____ LOT _____

3. That a mobile home/residence was located on the property on or after the following dates, and was placed on
the property in accordance with land development and building codes in effect at that time.
Illegal and/or unpermitted structures are ineligible for credit.

Initial _____	Mobility Fee:.....	January 1, 1985
Initial _____	School Impact fee:.....	February 28, 2001
Initial _____	Parks and Recreation Impact Fee:.....	January 29, 2002
Initial _____	Library Impact Fee:.....	September 4, 2002
Initial _____	Combat and Rescue Impact Fee:.....	January 21, 2004
Initial _____	Hurricane Impact Fee:.....	September 21, 2004

4. I further swear that I will remove the above-referenced mobile home/residence within thirty (30) days of the
final electrical inspection of the replacement home, or within 180 days of issuance of the
replacement permit, whichever is sooner.

5. When a replacement will create a greater demand, e.g. replacement of a mobile home with a Single-Family
detached House, or a 500 square foot (or greater) addition which changes it's tier level, an Impact fee
equivalent to the difference shall be due for the Resulting Dwelling unit. (except in the West Market
Area) Note: Only structures legally set or constructed by permit and completed will be recognized as
"existing square footage".

Building Permit No.: _____
(Required if installed after the above dates)

X _____
If signed by contractor please initial to verify that
you have notified the property owner of this form.

FURTHER AFFIANT SAYETH NOT.

X _____
Owner's/Contractor's Signature

Address

SWORN to and subscribed before me
This _____ day of _____ 20 _____ .

Date

Notary Public
State of Florida at Large

My Commission Expires: _____

Print, Type, or Stamp Commissioned
Name of Notary Public

Personally Known or Produced Identification ;

Type of Identification _____