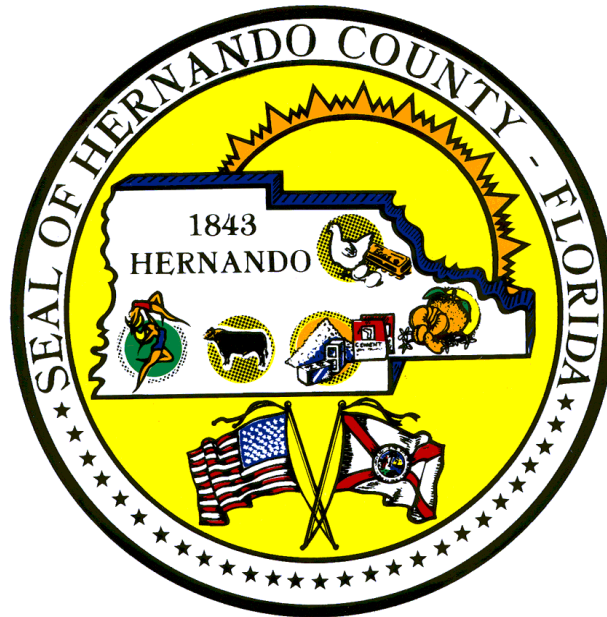


# HERNANDO COUNTY

## CONCURRENCY EVALUATION APPLICATION PACKAGE



PLANNING DEPARTMENT  
GOVERNMENT CENTER/ADMINISTRATION BLDG.  
20 N. MAIN STREET  
BROOKSVILLE, FL 34601  
(352)754-4057  
(352)754-4420 - FAX

# HERNANDO COUNTY PLANNING DEPARTMENT CONCURRENCY APPLICATION INSTRUCTIONS

## Notes to Applicant

*This is the Application for Concurrency Evaluation package. This information is being provided to you to assist you in preparing the required information to obtain a certificate of concurrency for your project. A certificate of concurrency is required to demonstrate that the levels of service standards contained in the Comprehensive Plan are met prior to the issuance of any development order. Building permits and Zoning permits (Site Plan) are considered development orders and require the issuance of a certificate of concurrency prior to their issuance. Adequate capacity must be shown for sanitary sewer, potable water, drainage, traffic, solid waste, and for residential projects, parks.*

*For a detailed explanation of the concurrency management system the applicant is directed to review the Hernando County Concurrency Management System Procedures Manual, which is available for purchase from the Planning Department in Room 262 of the County Administration Building. These procedures were adopted as County policy by the Board of County Commissioners on October 22, 1991.*

*The following is an excerpt from the above mentioned procedures manual and is a description of the certificate of concurrency application procedures:*

- a. The Concurrency Coordinator, located in the Planning Department, is available for preapplication discussions to familiarize the owner or his designated representative with the concurrency review process and to provide technical information necessary to complete the application.*
- b. A request for a Certificate of Concurrency is made by submitting a complete application and any required supporting data together with the required application fee to the Concurrency Coordinator in the Planning Department.*
- c. Within five (5) days of submittal, the application shall be reviewed for completeness. The applicant shall be notified in writing of the status of the application. If deficiencies exist, the applicant will have five (5) days to correct the deficiencies. Failure to correct the deficiencies shall result in no further action taken on the application.*
- d. The Concurrency Coordinator shall forward copies of the application and supporting documentation to the following Departments for their review:*
  - (1) Engineering Department - Drainage*
  - (2) Utilities Department - Potable Water, Sanitary Sewer*
  - (3) Planning Department - Transportation, Solid Waste, Parks and Recreation.*

*Each Department identified above will be responsible for determining whether adequate capacity is available for the proposed project. The specific method for making this determination is outlined in Section F. below.*

- e. The above identified Departments shall notify the Concurrency Coordinator in writing within ten (10) working days as to whether adequate capacity of the public facilities is available to serve the proposed project.*
- f. If adequate capacity is available for **all** the required facilities, the Concurrency Coordinator shall issue a Certificate of Concurrency. If adequate capacity is not available for **all** the required facilities, the Concurrency Coordinator shall inform the applicant in writing of the reasons why the application was denied.*
- g. The latest point to submit an application for a Certificate of Concurrency for the following development orders shall be as follows:*
  - (1) Conditional Subdivision Plat Approval - With the application for the conditional plat;*
  - (2) Construction Drawing Approval - With the submittal of the construction drawings for review by the Development Review Committee;*
  - (3) Final Subdivision Plat Approval - With the application for final plat;*
  - (4) Developments of Regional Impact (DRI's) - Prior to the preparation of the Development Order (DO); and*
  - (5) Zoning Permits and Building Permits requiring Development Review Committee (DRC) approval - Prior to the scheduling of the item on the DRC agenda.*

*The Application for Concurrency Evaluation must be complete and deemed sufficient prior to the item being scheduled on the DRC agenda. Failure to adhere to this requirement will result in delays in processing the application through DRC. The applicant should schedule a pre-application meeting with the Commercial Development Division to discuss the requirements.*

*For the convenience of the applicant, a copy of the Application For Concurrency Evaluation and Instructions for Completing the Application For Concurrency Evaluation are included for your information. Copies of the application forms and instructions are available in the Planning Department or from the Commercial Development Division.*

## **Instructions for Completing the APPLICATION FOR CONCURRENCY EVALUATION**

The following is a step by step guide to help persons interested in applying to the Concurrency Coordinator for a Certificate of Concurrency. All items in the application form must be completed and all assumptions and calculations must be attached. **FAILURE TO COMPLETE THE APPLICATION AS REQUIRED WILL RESULT IN NO ACTION BEING TAKEN.** For more details on what is required to obtain a Certificate of Concurrency, the applicant is advised to consult both the Adequate Public Facilities Ordinance (91-27) and the Hernando County Concurrency Management System Procedures Manual, as adopted by the Board of County Commissioners on October 22, 1991. Pursuant to Hernando County Resolution 95-92, an application fee of \$200.00 must be submitted with the completed application.

*Case Number:* This will be assigned by the Concurrency Coordinator.

*Date Received:* This will be noted by Concurrency Coordinator when received.

### *Part A: General Information*

1. *Ownership:* Place the name, business name, address, and phone number of the owner of the parcel for which the Certificate of Concurrency is being requested, in the appropriate blanks.

2. *Agent:* Place the name, business name, address, and phone number of the agent who is authorized to act on behalf of the owner in securing the Certificate of Concurrency, in the appropriate blanks. The application must include an affidavit of authorization bearing a notarized signature of the owner stating that the agent is authorized to act on his/her behalf.

### *Property Identification*

3. *Adjacent Road and Site Address:* Indicate all improved County roads which are adjacent to the parcel and which may provide access to the development. Also indicate any addresses which have been assigned to the parcel.

4. *Section, Township, Range:* Indicate the section, township, and range of the parcel to be developed. This information can usually be found in the legal description contained on the survey for the parcel.

5. *Subdivision Name:* Provide the name of the subdivision, including the unit number, block number and lot or parcel number. If the parcel is not in a recorded subdivision, attach a legal description.

6. *Property Appraiser Key Number:* Provide the key number for the parcel as assigned by the Hernando County Property Appraiser's Office. The key number is also required for all Hernando County Building Permit applications. If the key number is not known, contact the Property Appraiser's office at 754-4190 for assistance.

**7. *Comprehensive Plan Future Land Use Map Category:*** Provide the appropriate category for the parcel. If assistance is required to identify the category, contact the Hernando County Planning Department at 754-4057.

**8. *Zoning Category:*** Provide the appropriate category for the parcel. If assistance is required to identify the category, contact the Hernando County Zoning Division at 754-4055.

**9. *Parcel Size:*** Provide the size of the entire tract in acres, even if only a portion of the parcel is to be developed at this time

**10. *Indicate the Development Order Applied For:*** Check the appropriate box of the development order that is the subject of this application. If assistance is required, contact the Concurrency Coordinator at 754-4057.

**Development Information**

**11. *Number of Acres to be Developed:*** Provide the appropriate number. If the project is being developed in phases, indicate the amount of the parcel for which this application applies.

**12. *Residential Uses:*** Provide the number of units by type in the appropriate blank.

**13. *Non-Residential Uses:*** Provide the gross floor area of non-residential uses in the appropriate blank for the four general categories as indicated. For any uses not included in the four categories, see question 14.

**14. *Other Non-Residential Uses:*** Provide information on any other non-residential uses not included in the categories in question 13. List the use type in the "Specific Use" column. Provide the appropriate unit of measure for each use type in the "Relevant Measure of Size" column. Measure of size could be number of seats for a restaurant, church, movie theater, etc., number of rooms for hotels/motels, number of beds for a hospital or nursing home, or other appropriate unit of measure of intensity.

**15. *Is Phasing Part of the Proposal:*** Answer yes or no. If the answer is yes, provide details on the phasing including phase number, land area in each phase, number of residential units per phase, non-residential floor area in each phase, and the expected beginning and ending date for each phase.

**16. *Site Plan:*** Provide a site plan for the development of the parcel. The site plan shall be drawn to scale and depict the major features of the project such as building location, parking, and access points. The site plan shall also show any phasing planned for the project.

**17. *Part of a Previously Approved Development Project:*** Answer yes or no. If yes, provide the name of the original project.

**18. *Previous Use of the Parcel:*** Identify the previous use of the parcel. Include the specific use and the level of intensity. For the intensity level, use gross floor area or some other relevant measure of size. The previous use will be used to determine any credit to be given against the impacts of the proposed use and intensity.

***Part B:***  
***Statement of Impact on Levels of Service***

**TRAFFIC**

- 1. *Identify Existing Paved Roads:*** List all existing paved roads which may provide access to the parcel.
- 2. *Estimate PM Peak-hour Trips Generated:*** Provide the number of PM peak-hour trips to be generated by the project for each separate land use category as contained in the latest edition of ITE Trip Generation Manual. Provide documentation of all assumptions and calculations in compiling the figure. For assistance in identifying the information, contact the Transportation Planner at 754-4057.
- 3. *Traffic Study:*** If the answer to question 2 is greater than 50, a traffic study or traffic statement is required to be submitted. The study or statement must comply with the requirements of the Adequate Public Facilities Ordinance (91-27) and be signed and sealed by a licensed Professional Engineer (PE), licensed to practice in the State of Florida. It is strongly recommended that prior to preparing the study or statement, that a preliminary meeting be held with the Transportation Planner to develop the study parameters. The Transportation Planner can be reached at 754-4057.

**POTABLE WATER**

- 4. *Potable Water Provider:*** Check the appropriate box to identify the entity providing the potable water to the project.
- 5. *HRS Public Health Unit Letter:*** Attach a letter from the Health Department indicating that the parcel is eligible for a potable water well permit for the intended use if the project will not be served by a central water system.
- 6. *Daily Demand:*** Provide an estimate of the daily demand for potable water in gallons per day, with a separate figure for both residential and non-residential uses, as applicable. Attach documentation of all assumptions and calculations in developing the estimate. It is generally accepted that an estimate of the daily demand for residential uses is 250 gallons per day per unit.
- 7. *Non-County Provider:*** If the potable water provider is other than the Hernando County Utility System, attach documentation from the provider that the project lies within their service area and that they have the capacity to serve the project. A proof of capacity reservation from the provider is required prior to the issuance of the final development order. A final development order includes any

zoning permit or building permit and is defined in the Hernando County Concurrency Management System Procedures Manual.

### SANITARY SEWER

8. *Sanitary Sewer Provider*: Check the appropriate box to identify the entity providing sewage disposal service for the project.

9. *HRS Public Health Unit Letter*: Attach a letter from the Health Department indicating that the parcel is eligible for a septic permit for the intended use if the project will not be served by a central sewer system.

10. *Daily Demand*: Provide an estimate of the daily demand for sanitary sewer in gallons per day, with a separate figure for both residential and non-residential uses, as applicable. Attach documentation of all assumptions and calculations in developing the estimate. It is generally accepted that an estimate of the daily demand for residential uses is 200 gallons per day per unit.

11. *Non-County Provider*: If the sanitary sewer provider is other than the Hernando County Utility System, attach documentation from the provider that the project lies within their service area and that they have the capacity to serve the project. A proof of capacity reservation from the provider is required prior to the issuance of the final development order. A final development order includes any zoning permit or building permit and is defined in the Hernando County Concurrency Management System Procedures Manual.

### DRAINAGE

12. *Drainage District*: Identify the drainage district or system that will serve the project, if applicable. The majority of development will be served by onsite systems. Contact the County Engineer's Office at 754-4062 for information on individual drainage districts.

13. *Drainage Requirements*: Provide information on the project's storm water drainage consistent with Commercial Development Permitting Manual, Section 1D (Commercial Application Checklist) for site plan approvals, or Section 26-50 (Drainage System) of the Subdivision Regulations for subdivision approvals. Contact the County Engineer's Office at 754-4062 for assistance.

### SOLID WASTE

14. *Daily Generation*: Estimate the daily demand for solid waste for both residential and non-residential uses, as applicable. The residential rate is equivalent to three pounds per person per day and can be estimated by multiplying the number of dwelling units by 2.37 persons per household and by 5 pounds to arrive at the appropriate number. The non-residential rate should be estimated based on the type and intensity of the specific uses. For each non-residential use record the land use type, the intensity level, and the estimated generation rate in the space provided. Attach documentation of all

assumptions and calculations in determining the generation rate. For assistance contact the Utilities Department at 754-4037.

**PARKS AND RECREATION**

**15. Demand for Park Land:** The service only applies to residential uses and it is not necessary to calculate for non-residential uses. The question is divided into two sections, a) for User-oriented parks and b) for open space. The demand can be calculated by listing the number of dwelling units, multiplying by 2.37 persons per household, dividing by 1000, and multiplying by 2 acres to obtain the result in acres. The formula is the same for both a) and b).

**16. Project Provided Facilities:** Provide information on any facilities that are to be provided by the project. Specify both recreational facilities and open space. Also indicate if the facilities are to be private or dedicated to Hernando County. Drainage retention areas (DRA's) do not qualify as dedicated open space.

**17. Nearest Hernando County Facility:** Identify the nearest Hernando County owned and operated park or recreational facility to the project. For assistance contact the Community Services Department at 754-4027.

***Part C:  
Applicant's Certification***

**Signatures:** Indicate if the applicant is an owner of the parcel or an agent by checking the appropriate box. Sign and date the application where indicated and have the signature of the applicant attested by a notary. If the applicant is an agent, a signature of authorization must accompany the application from the owner authorizing the agent to act on behalf of the owner in securing the Certificate of Concurrency. Use the space provided on the bottom of the form for the owner's authorization or submit a separate form. The owner's authorization must be attested by a notary.



## Fill-in Forms Instructions

### Overview

Hernando County fill-in forms use the features provided with Acrobat 3.0 products. Currently, there is no computation, validation or verification of the information you enter and you are still responsible for entering all required information (instructions may require some information to be handwritten on the form).

### Software Requirements

To view, complete and print Hernando County fill-in forms you'll need the freely available Acrobat 3.0 Reader (or later) software installed on your computer.

**Acrobat Reader does not allow you to save your completed forms to disk.**

The ability to save completed forms is available commercially with the Adobe Acrobat 3.0 (or later) product suite.

### Completing the Form

- Select the hand tool from the Acrobat toolbar menu. You can use the hand tool to move the page around so that you can view all the areas on it.
- Position the hand pointer inside a form field and click. The I-beam pointer allows you to type text. The arrow pointer allows you to select a field, a check box, a radio button, or an item from a list.
- Press Tab to accept the field change and go to the next field.
- Multi-line fields require you to press Enter (or Return) to progress to the next line. When you've completed the field, press Tab to proceed to the next field.
- Press Shift + Tab to accept the field change and go to the previous field.
- Some check box fields require you to click on the box or press Enter to produce a check mark. (Not all check boxes are formatted like this, some require just a typed "X")

### Printing the Form

- Use your mouse to select an area of the form that is not inside a form field before printing your form. If a form field is active (contains the blinking bar) the contents will not print.
- If the fill-in form is displayed within your web browsers window be sure to use the printer button on the Acrobat toolbar menu to print the form instead of your web browsers print function.

**FOR OFFICE USE ONLY**

**CASE NUMBER** \_\_\_\_\_ **DATE RECEIVED** \_\_\_\_\_

**APPLICATION FOR CONCURRENCY EVALUATION**

**Hernando County, Florida**

**This application, together with ALL REQUIRED ATTACHMENTS, shall be completed and filed with the Concurrency Coordinator in the Planning Department prior to or concurrent with making application for any development order specified in Hernando County Ordinance #91-27**

***PART A: GENERAL INFORMATION***

***TYPE or PRINT the following information:***

**OWNERSHIP**

- 1. Name:** \_\_\_\_\_  
**Business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone No. ( )** \_\_\_\_\_

**AGENT (IF APPLICABLE)**

- 2. Name:** \_\_\_\_\_  
**Business:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone No. ( )** \_\_\_\_\_

**PROPERTY IDENTIFICATION**

- 3. Adjacent Roads and Site Address:** \_\_\_\_\_  
\_\_\_\_\_
- 4. Section:** \_\_\_\_\_ **Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_

5. \*Subdivision Name: \_\_\_\_\_

Unit # \_\_\_\_\_ Block \_\_\_\_\_ Lot/Parcel \_\_\_\_\_

\* For all parcels not located within a recorded subdivision, please attach a legal description

6. Property Appraiser Key No: \_\_\_\_\_

7. Comprehensive Plan Future Land Use Map Category: \_\_\_\_\_

8. Zoning Category: \_\_\_\_\_

9. Parcel Size (in acres): \_\_\_\_\_

**DEVELOPMENT ORDER**

10. Indicate the development order applied for:

- Building Permit
- Zoning Permit
- Conditional Plat
- Construction Drawing Approval
- Final Plat
- DRI Development Order

**DEVELOPMENT INFORMATION**

11. Number of Acres to be Developed: \_\_\_\_\_

12. Residential Uses

Single Family, Detached Units: \_\_\_\_\_

Single Family, Attached Units: \_\_\_\_\_

Multi-Family Units: \_\_\_\_\_

Mobile Homes Units: \_\_\_\_\_

13. Non-Residential Uses

General Office Gross Floor Area: \_\_\_\_\_

Medical Office Gross Floor Area: \_\_\_\_\_

General Retail Gross Floor Area: \_\_\_\_\_

General Manufacturing Gross Floor Area: \_\_\_\_\_

**14. Other Non-Residential Uses**

<u>SPECIFIC USE</u>	<u>RELEVANT MEASURE OF SIZE</u>
_____	_____
_____	_____
_____	_____

**15. Is Phasing Part of the Proposal?**       **YES**       **NO**

<u>PHASE</u>	<u>LAND AREA</u>	<u>RES. UNITS</u>	<u>NON-RES. FLOOR AREA</u>	<u>EXPECTED BEGINNING DATE</u>	<u>EXPECTED COMPLETION DATE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**16. Attach a copy of the site plan for the project. The site plan shall be to scale and depict the major features of the project including phasing, if any.**

**17. Is this proposed project included in a previously approved development project?**  
 **YES**       **NO**

**If yes, provide the name of the original project:** \_\_\_\_\_  
\_\_\_\_\_

**18. Identify the previous use of the parcel and the intensity of the use in gross floor area or other relevant measure of size.**

**Use:** \_\_\_\_\_

**Intensity:** \_\_\_\_\_

**PART B:**  
**STATEMENT OF IMPACT ON LEVELS OF SERVICE**

**TRAFFIC**

1. Identify any existing paved roads which provide direct access to the parcel to be developed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Estimate the number of vehicular p.m. peak-hour trips to be generated by the project using the trip generation rate(s) for the appropriate land use(s), as contained in the most recent edition of the ITE Trip Generation Manual: \_\_\_\_\_.

**ATTACH DOCUMENTATION OF ALL ASSUMPTIONS AND CALCULATIONS**

3. If the number in 2, above, exceeds 50 p.m. peak-hour trips, attach a Traffic Study or a Traffic Statement, prepared to comply with the Adequate Public Facilities Ordinance (Ordinance #91-27) to address the radius of development. This study must be signed and sealed by a Professional Engineer (P.E.) licensed to practice in the State of Florida.

**POTABLE WATER**

4. Potable Water Provider:      Hernando County Utilities  
     Florida Water Services  
     City of Brooksville  
     Other Central Water System  
     Individual Well
  
5. If the project is to be served by an individual well, please attach a letter from the HRS Public Health Unit, verifying that the project is eligible for a well permit for the requested use.
  
6. Estimate the daily demand for potable water in gallons per day (GPD):  
  
a)   Residential: \_\_\_\_\_ GPD  
b)   Non-residential: \_\_\_\_\_ GPD

**ATTACH DOCUMENTATION OF ALL ASSUMPTIONS AND CALCULATIONS**

7. If the potable water provider is other than the Hernando County Utility System, please attach documentation from the provider that the project is within the provider's service area and that the provider has the capacity to serve the project as proposed. If the ability is contingent upon planned facility expansion, details regarding such planned

improvements shall also be submitted. *Prior to the issuance of the final development order, the applicant must provide proof of capacity reservation from the provider.*

**SANITARY SEWER**

8. Sanitary Sewer Provider:  Hernando County Utilities  
 Florida Water Services  
 City of Brooksville  
 Other Central Sewer System  
 Individual Septic System
9. If the project is to be served by an individual septic system, please attach a letter from the HRS Public Health Unit verifying that the project is eligible for a septic permit for the requested use.
10. Estimate the daily demand for sanitary sewer in gallons per day (GPD):
- a) Residential: \_\_\_\_\_ GPD  
b) Non-Residential: \_\_\_\_\_ GPD

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**ATTACH DOCUMENTATION OF ALL ASSUMPTIONS AND CALCULATIONS**

11. If the sanitary sewer provider is other than the Hernando County Utility System, please attach documentation from the provider that the project is within the provider's service area and that the provider has the capacity to serve the project as proposed. If the ability is contingent upon planned facility expansion, details regarding such planned improvements shall also be submitted. *Prior to the issuance of the final development order, the applicant must provide proof of capacity reservation from the provider.*

**DRAINAGE**

12. Identify the proposed drainage district to serve the development, if applicable.
- 
13. If the parcel is not located within a water control/drainage district, provide information consistent with Hernando County Commercial Development Permitting Manual, Section 1D (Commercial Application Checklist) for site plan approvals, or Section 26-50 (Drainage System) of the subdivision regulations for subdivision approvals.

**SOLID WASTE**

14. Estimate the daily generation of solid waste.

a) Residential: \_\_\_\_\_ units x 2.37 persons per household x 5 pounds = \_\_\_\_\_ pounds per day.

b) Non residential uses:

<u>LAND USE</u>	<u>FLOOR AREA OR OTHER UNIT</u>	<u>ESTIMATED SOLID WASTE POUNDS/DAY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ATTACH DOCUMENTATION OF ALL ASSUMPTIONS AND CALCULATIONS**

**PARKS AND RECREATION**

**NOTE: This service applies to residential uses only.**

15. Estimate the demand for acres of parkland.

a) User-oriented parks:

\_\_\_\_\_ Residential units x 2.37 persons per households ÷ 1000 x 2 acres = \_\_\_\_\_ acres of demand

b) Open Space:

\_\_\_\_\_ Residential units x 2.37 persons per household ÷ 1000 x 2 acres = \_\_\_\_\_ acres of demand

16. Itemize proposed recreational facilities and/or acreage to be provided by the applicant, if any. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Identify name of nearest Hernando County owned and operated park or recreational facility. \_\_\_\_\_

**PART C:  
APPLICANT'S CERTIFICATION**

**(I)(We) affirm and certify that (I)(We) understand and have complied with questions asked in this application. (I)(We) further certify that the above statements and the statements or showing made in any paper or plans submitted herewith are true to the best of (my)(our) knowledge and belief. Further, (I)(We) understand that this application, attachments and fees become part of the Official Records of the Planning Department of Hernando County and may not be returnable. (I)(We) also understand that this concurrency determination application is being accepted subject to verification of information enclosed. (I)(We) understand that any knowingly false information given by (me)(us) will result in the denial of this application. (I)(We) further acknowledge that additional information may be required by Hernando County in order to make a determination.**

**A CERTIFICATE OF CONCURRENCY SHALL ONLY BE VALID FOR THE LIFE OF THE INDIVIDUAL DEVELOPMENT ORDER FOR WHICH IT IS APPROVED. NO DEVELOPMENT ORDER SHALL BE ISSUED TO AN APPLICANT WITHOUT RECEIPT OF A CERTIFICATE OF CONCURRENCY.**

**Applicant is:**                       **Owner**                       **Agent**

\_\_\_\_\_  
**Signature of Applicant**

**Notary Seal**                      \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Notary Signature**  
**Date:** \_\_\_\_\_  
**My Commission**  
**Expires:** \_\_\_\_\_  
=====

**Authorization of owner (or owners), if "agent" line is checked above:**

**I hereby authorize \_\_\_\_\_  
to request a Certificate of Concurrency on my behalf. In authorizing the agent to represent (us)(me), the owner(s) attest that the application is made in good faith and that any information by the owner(s) is accurate and complete. (Note: If more than two signatures are required, attach additional APPLICANT'S CERTIFICATION FORMS).**

\_\_\_\_\_  
**Signature of Owner**

**Notary Seal**                      \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Notary Signature**  
**Date:** \_\_\_\_\_  
**My Commission**  
**Expires:** \_\_\_\_\_