

## **APPLICANT'S CERTIFICATION**

I (we) hereby authorize staff of Jackson County to inspect the premises of the above-described property. I (we) do hereby certify the information provided herein is both accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

The undersigned below is authorized to make this application. The undersigned is aware that no application or reapplication affecting the same land shall be submitted within twelve (12) months from the date of the last action by the Board of Commissioners; unless waived by the Board.

Signature of Applicant	Applicant's Printed Name and Title	Date
Signature of Notary	Date	(Seal)
PROPERTY OWNER'S CERTIFICATION  The undersigned below, or as attached, is the owner of the property considered in this application. The undersigned is aware that no application or re-application affecting the same land shall be submitted within twelve (12) months from the date of the last action by the Board of Commissioners; unless waived by the Board.		
Signature of Property Owner	Owner's Printed Name and Title	Date
Signature of Notary	Date	(Seal)
Signature of Property Owner	Owner's Printed Name and Title	Date
Signature of Notary	Date	(Seal)