



City of
Lake Mary
Florida

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[Home](#) > Statement of Fact and Informed Consent

Statement of Fact and Informed Consent

Statement of Fact And Informed Consent

Permit #: _____
Location: _____

By my signature below I acknowledge that I have been informed of the following and have given my informed consent to the terms and conditions hereof:

1. I acknowledge that I must comply with all provisions of the above identified sign permit and the Lake Mary Code of Ordinances, including but not limited to, Chapter 155, Appendix I.
2. I agree that City officials, including but not limited to, Code Enforcement Officers, Police Officers, Citation Officials, and Building Officials may enter into or come onto my private property at the above identified location to inspect all signage installed thereon to ensure compliance with the Lake Mary Code of Ordinances and the above identified sign permit;
3. I agree that a City official, employee, or agent may place an adhesive "Notice of Violation" on the face of the permitted sign if it is found to be in violation of the Lake Mary Code of Ordinances, or the terms of the above identified sign permit and I hereby indemnify, acquit, and absolve the

City of Lake Mary, its officers, employees and agents of any liability arising from the placement of the Notice of Violation and covenant and agree not to sue the City of Lake Mary, its officers, employees or agents for any damages arising out of the entry on or into my property or the placement of the Notice of Violation.

4. I acknowledge that I have signed this "Statement of Fact and Informed Consent" acknowledging my informed consent to the terms hereof, prior to issuance of the above identified sign permit, and further certify that I am the owner of the subject location, or that I am an authorized agent of the owner and have the authority to bind the owner to the terms of this "Statement of Fact and Informed Consent".

The above permit is issued for a sign based on the following:

Zoning district: _____

Type of use: _____

Maximum Square footage and height allowed: _____

Amount permitted: _____

Owner/Authorized Agent Signature

Printed Name

STATE OF FLORIDA
COUNTY OF SEMINOLE

Sworn to and subscribed before me by means of ___ physical presence or ___ online notarization this _____ day of

_____,
20_____, by _____, Applicant Authorized Representative, who is personally known to me or who produced his/her Driver's License as identification.

Notary Public - Signature

Notary Public, Printed Name

(SEAL)

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