



**Legally Non-conforming Use  
(Grandfather Rights)  
Determination  
Evidence Affidavit**

**Office of Planning and Development  
Land Development Division**  
330 W. Church St.  
P.O. Box 9005, Drawer GM03  
Bartow, FL 33831-9005  
(863)534-6792  
Fax 863-534-6407

*This form is to be completed by an objective witness to the use of a property that is applying for consideration as a legally non-conforming use in accordance with Polk County's development ordinances.*

**WITNESS NAME:** \_\_\_\_\_,  
(full name) (Last) (First) (MI)

**CURRENT RESIDENCE:** \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_

**DATE USE WAS WITNESSED:** \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_  
(month) (day) (year)

**HOW DID THE WITNESS  
COME TO OBSERVE THE  
USE OF THE PROPERTY?** \_\_\_\_\_  
*(e.g. from nearby residence,  
while visiting the area,  
while working in the area, etc)* \_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE THE USE OF THE PROPERTY AT THE TIME IT WAS WITNESSED** *(Include descriptions of building (s), parking area, and other structures pertinent to documenting the use of the property):*

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

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
Affiant's signature

STATE OF FLORIDA  
COUNTY OF POLK

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared \_\_\_\_\_, to me known to be the person described in and who executed the foregoing instrument, and who, after being placed under oath, acknowledged before me that the contents contained in the forgoing Affidavit are true and correct and that she executed said instrument for the purposes therein expressed on the \_\_\_\_ of \_\_\_\_\_, 2008. He/She is personally known to me or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_