LIVE LOCAL AFFIDAVIT

The following identified owner of real property in the unincorporated area of St. Johns County, Florida, proposes to develop certain real property as a multifamily development ("Development") as follows for consideration and approval by St. Johns County as mandated by the provisions of the Live Local Act pursuant to Section 125.01055(7), Florida Statutes ("The Act"):

1. _____ ("Owner"), whose address is _____is a fee simple owner of certain real property ("Property"), as evidenced by a Deed recorded in the Official Records of St. Johns County, further identified as Parcel ID _____, comprised of _____ acres, and described in **Exhibit A** (attached).

2. The Property is currently zoned _____ with a future land use designation of _____ pursuant to the County's 2025 Comprehensive Plan.

3. The Development will include a total of _____ multi-family dwelling units and shall reserve forty percent (40%) of the units or _____ units for tenants as affordable, as defined in Section 420.0004, Florida Statutes, for a period of thirty (30) years as calculated by the date of execution of this Affidavit.

4. The residential density for the Development is ____ units per acre and the maximum height of the proposed structures is ____. The Development will comply with all other applicable Comprehensive Plan and Land Development Code requirements for multifamily developments without the need for a comprehensive plan amendment and/or rezoning.

5. The Development of the Property consistent with this Affidavit is allowed by right pursuant to the Act and applicable St. Johns County regulations.

6. It is understood that the Development, if approved, will be subject to annual review by St. Johns County to confirm compliance with the affordability requirement of the Act and the Owner agrees to provide the St. Johns County Growth Management Director documentation requested to verify compliance.

Respectfully submitted,

Owner:_____

By (Signature):_____

Print Name: _____

Title: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument is hereby acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20___, by _____, who is [ ] personally known to me or [ ] has produced _____ as identification and (did/did not) take an oath.

NOTARY PUBLIC, State of Florida

Name: _____

My Commission Expires: _____

My Commission Number is: _____