



**Engineering Services
Department
Development Services Division
*Planning~Building~Inspections***

105 Miracle Strip Pkwy. SW
Fort Walton Beach, FL 32548
P: (850) 833-9697
F: (850) 833-9926

APPLICATION FOR VOLUNTARY ANNEXATION

| | |
|------------------------------------|--|
| Applicant (agent) NAME: | |
| ADDRESS: | |
| PHONE: | |
| EMAIL: | |

| | |
|-------------------------------------|--|
| Property Owner NAME: | |
| Property Owner ADDRESS: | |
| Tax Parcel ID Number(s): | |

OWNER'S CONSENT AND DESIGNATION OF AGENCY

I, _____, hereby request to annex the following described property (give legal description) into the corporate limits of the City of Fort Walton Beach:

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I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand this application; attachments and fees become part of the official records of the City of Fort Walton Beach, Florida, and are not returnable.

(Owner's Signature)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by _____, who is personally known to me or has produced _____ as Identification and who did take an oath.

(Printed Name of Notary Public)
Public)

(Signature of Notary

Commission # _____. My commission expires _____.

(Notary's Seal)