



CITY OF BUENA VISTA
PROPERTY OWNER AFFIDAVIT

CITY OF BUENA VISTA
Office of Planning and Zoning
2039 Sycamore Avenue
Buena Vista VA 24416
(540) 261-8607

STATE OF VIRGINIA
CITY OF BUENA VISTA

This [Day] _____ day of [Month] _____, [Year] _____, I

[Owner Name] _____ understand that

[Applicant/Lessee Name] _____ has requested to

- Operate a business at the property under my ownership.
- Place a sign at the property under my ownership.
- Perform construction activity at the property under my ownership

Said property is located at [Tax Map Number/Legal Description] _____,

[Address] _____

I understand that any federal, state, or city permits that may be required for this use shall be the responsibility of the lessee; and but that I, as owner of the property am responsible for what happens on property that I own, and may be held responsible for compliance with any and all relevant federal, state, and city regulations; and hold the City of Buena Vista and its employees free from all liability. It is strongly advised that a written agreement between the property owner and lessee be considered.

Owner/Authorized Agent Signature

COMMONWEALTH OF VIRGINIA

CITY OF BUENA VISTA, VIRGINIA

Subscribed and sworn to me this _____ day of _____, 20 _____ in my City and State
aforesaid, by the aforementioned Principal

NOTARY PUBLIC

My Commission Expires: _____