



*City of Ocala*

**BUILDING DEPARTMENT**  
P.O. BOX 1270, OCALA, FLORIDA 34478-1270  
(352) 629-8421  
(352) 629-6432 FAX

AFFIDAVIT OF COMPLIANCE

I \_\_\_\_\_ do affirm that I am submitting a "Notice of Commencement" (a copy of which is attached) to the clerk of the circuit court for recording. A certified copy will be supplied to the **Building Department prior to any subsequent inspection being performed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA COUNTY OF MARION

The foregoing instrument was sworn to, subscribe and acknowledge before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Signature of Notary of Public  
State of Florida

Notary Stamp

Personally known to me \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
Type of ID \_\_\_\_\_.