



## **Financial Responsibility Form**

**The owner understands that all Town-incurred professional fees and expenses associated with the processing of this application request are ultimately the responsibility of the owner.** A security deposit shall be deposited in an interest-bearing account with any accrued interest to be retained by the Town of Loxahatchee Groves.

The owner and/or designee shall be invoiced on a monthly basis for professional fees such as, but not limited to, consultant engineering services, legal services, advertising costs, and/or any other costs attributable to the processing of the permit for which the Town incurred during the previous month. The owner and/or designee shall reimburse the Town within thirty (30) days from date of invoice. If payment is not received, the Town may utilize the security deposit for re-imbursement purposes. **All activities related to the pending permit(s) will cease until any outstanding invoices are paid.**

**The owner/designee further understands that transfer of this responsibility shall require a completed form, signed and notarized by the responsible party, and delivered to the Community Standards Department if the name and/or address of the responsible party changes at anytime during the application review process.**

\_\_\_\_\_  
*Owner signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Owner printed name*

\_\_\_\_\_  
*Property Control Number*

### **DESIGNEE/BILL TO:**

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

\_\_\_\_\_  
*Designee Acceptance Signature*

### **NOTARY ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I hereby certify that the foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_. He or she is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
*Notary public signature*

\_\_\_\_\_  
*Printed name*

State of \_\_\_\_\_ at-large

My Commission expires: \_\_\_\_\_