## PLANNING & COMMUNITY DEVELOPMENT

eastpointcity.org

2757 East Point Street, East Point, GA 30344 \* Phone: (404) 270-7212

## AFFIDAVIT STATING NO SHORT TERM LODGINING HOA RESTRICTION

| Project Address:                                       |                   |                         |
|--|-------------------|-------------------------|
|  |                   |                         |
|  |                   |                         |
|  |                   |                         |
|  |                   |                         |
| l,   | (print name       | , am officially stating |
| ,  |                   | ,                       |
| in this affidavit that there is no Homeowner's Associa | ition, Neighborho | od Association and/or   |
| any community covenant that DISALLOWS Short            | Ferm Lodging at s | aid address above.      |
| ·  |                   |                         |
|  |                   |                         |
|  |                   |                         |
|  |                   |                         |
|  |                   |                         |
| (A   |                   |                         |
| (Applicant's Signature)                                |                   |                         |
|  |                   |                         |
|  |                   |                         |
|  |                   |                         |
|  |                   |                         |
| (Notary's Signature)                                   |                   | (Date)                  |
|  |                   |                         |
| GEORGI   | A                 |                         |
|  | A                 |                         |
| (Notary's Seal)  |                   |                         |
|  |                   |                         |
| Owner's Information: (All Cont                         |                   |                         |
| Name:  | Phone:            |                         |
| Company Name:  |                   |                         |
|  |                   |                         |
| Address (Physical / No PO Boxes):                      | City, State       | Zip:                    |
| Frank  |                   |                         |
| Email:   |                   |                         |