

SIGN COMPANY NAME

ADDRESS

DATE

AGENT/APPLICANT NAME

ADDRESS

REF: PROJECT NAME

Attn: (project coordinator)

This letter is to Certify that the above referenced sign(s) were installed per martin County requirements on \_\_\_\_\_ (date) \_\_\_\_\_. This sign was posted according to and complies with the standards of the notice provisions of Article 10, Section 10.6 Development Review Procedures

Sign 1 installed on property line on \_\_\_\_\_ (address) \_\_\_\_\_ (attach picture)

Sign 2 installed on property line on \_\_\_\_\_ (address) \_\_\_\_\_ (attach picture)

**STATE OF FLORIDA**

**COUNTY OF MARTIN**

The foregoing instrument was  sworn to,  affirmed, or  acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me, or  produced the following type of identification \_\_\_\_\_.

NOTARY PUBLIC SEAL

**Notary Public, State of Florida**

\_\_\_\_\_  
**(Printed, Typed or Stamped Name of  
Notary Public)**