

**DOCUMENTATION OF COMPLIANCE FOR
EXTENDED FAMILY RESIDENCE**

Name of all Property Owners: _____

Address of general location of subject property identified in Exhibit B: _____

1. State the proposed floor area of the extended family residence: _____

2. Is the structure housing the extended family member (s) a conforming structure?
_____ YES _____ NO

3. What is the relationship of the extended family member (s) to the property owner?
_____ (attach documentation proving relationship)

4. Explain the temporary need for having an extended family residence: _____

5. No rent will be charged to the extended family members.

6. The property owner understands that City staff will conduct annual inspections of the property to insure that the conditions of approved are maintained.

7. Attach evidence which verifies that main residence is owner occupied. Identifying document attached: _____

8. The property owner understands that if the approved occupant of the extended family residence ceases to reside in the dwelling, The Special Use approval shall lapse. No other persons, other than those approved by City Council may reside in the extended family unit.

9. Requested waivers: _____

I hereby certify that the information on this application is true and complete:

PROPERTY OWNER

Sworn to & subscribed before me this ____ day of _____, 20____

Notary Public

My Commission Expires:

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PROPERTY OWNER