ACCESSORY FAMILY SUITE AFFIDAVIT OF OCCUPANCY TOTAL

This affidavit must be signed and sworn before of a notary public. **Please submit this affidavit with the recordation information with any building permit application associated with the Accessory Family Suite.** If the completed affidavit is not submitted as outlined above, City Planning may withhold issuances of building permits and/or certificates of occupancy. Those with accessory family suites not compliant with City Code are liable to Zoning Enforcement action which may include civil actions against the property owner.

The affidavit is required only for accessory family suites located within the following zone districts: R (Residential Estate), R-1 9000 (Single-Family Residential), R-1 6000 (Single-Family Residential), PBC (Planned Business Center), C-6 (General Business), and M-1 (Light Industrial).

I/We, _____, the Owner(s) of the real property located in the City of Colorado Springs, El Paso County, State of Colorado, described as:

LEGAL DESCRIPTION (or see attached):_____

Known by (Street Address): _____, Colorado Springs, CO (the "Property"), hereby state that the following information is true and complete to the best of my knowledge:

1. The Owner(s) are aware that accessory family suites do not constitute a secondary dwelling unit. Therefore occupants living at a residence containing a single-family residence with an accessory family suite must meet the definition of a family as defined in the City Code and as follows:

   FAMILY: As used in this Zoning Code, an individual, two (2) or more persons related by blood, marriage, adoption, or similar legal relationship, or a group of not more than five (5) persons who need not be so related, plus domestic staff employed for services on the premises, living together as a single housekeeping unit in one dwelling unit. The definition of "family" shall apply regardless of whether any member of such group receives outside services for mental, emotional, or physical disability.

_____ _____

Signature(s) of Property Owner(s) Date

_____

Property Owner Printed Name(s)

STATE OF COLORADO)
ss.
COUNTY OF _____)

Signed and sworn to (or affirmed) before me this _____ day of _____, 20____, by _____.

Witness by hand and official seal.

My commission expires: _____

_____
Notary Public

FIGURE 4