



**Affidavit & Verification**  
**~Non-Commercial Kennel~**

**Non-commercial Kennel:** Any establishment in which six (6) or more canines, felines, or hybrids of either of more than six (6) months of age are kept and maintained by the resident of the property as an accessory use. All kennels shall comply with the accessory structure/use regulations for the district.

I/We \_\_\_\_\_ have read and understand the above and swear that the proposed use will be a non-commercial kennel.

By Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

By Owner: \_\_\_\_\_ Date: \_\_\_\_\_

***Property owner signature required if applicant and owner are not the same.***

**Verification**

This is to verify that the following property owned by \_\_\_\_\_, located at \_\_\_\_\_, Identified as Tax Map/Parcel # \_\_\_\_\_, is zoned \_\_\_\_\_, and as such, qualified for a non-commercial kennel under the "Uses Permitted by Right" of the Stafford County Zoning Ordinance.

\_\_\_\_\_  
Staff Signature & Title

\_\_\_\_\_  
Date