~ Accessory Dwelling ~

Application & Agreement

Property Information:

Owner: _____ **Assessor's Parcel #:** _____

Address: _____ **Phone #:** _____

Subdivision: _____ **Zoning District:** _____

Existing Use: _____

Total Gross Floor Area:

Main Dwelling: _____ (sq.ft.) **Accessory Dwelling:** _____ (sq.ft.)

Percentage of Total: _____ %

Occupant Information (Accessory Dwelling):

The Accessory Dwelling will be put to the following use *(please select one):*

- o **Family Member Apartment** o **Guest House** *(Occasional Visits by Family & Friends)*
- o **Maid's Quarters**

Occupant's Name: _____ **Relationship to Owner:** _____

Definition & Requirements for an Accessory Dwelling:

An accessory dwelling is an ancillary dwelling unit limited to such uses as a family member apartment, guest house (for occasional visits by family or friends), or maid's quarters & shall conform to the following:

(a) An *accessory dwelling* shall not exceed twenty-five (25) percent of the total gross floor area of the principal dwelling unit.

(b) There shall be no more than one (1) *accessory dwelling* unit per lot.

(c) When an *accessory dwelling* is located in the principal dwelling, the entry to the unit and its design shall be such that the appearance of the building shall remain a one-family residence.

(d) An *accessory dwelling* shall have the same address as the principal dwelling.

Agreement:

I /We, hereby accept the conditions of approval for an accessory dwelling to be located on the property specified within this agreement; and

that occupancy of the accessory dwelling shall be in compliance with the provisions of the Stafford County Zoning Ordinance (not to be used as a rental unit); and

I/We, furthermore, understand that my/our property is subject to inspection as provided in Article XVII, "Enforcement" of the Stafford County Zoning Ordinance whenever necessary to enforce any of the provisions of this Agreement and the Stafford County Code.

By: _____ Date: _____
Owner Signature

SUBSCRIBED & SWORN TO Before me on this _____ day of _____, _____.

_____
Notary Public

My Commission Expires: _____

~ To be Completed by Staff ~

Zoning Authorization:

Approved by: _____ Title: _____

Signature: _____ Date: _____