



Alachua County, Board of County Commissioners
Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
 Tel. 352.374.5249, Fax. 352.338.3224
<http://growth-management.alachuacounty.us>

Submit Application to: **Building Division**
building@alachuacounty.us

RECORDING SPACE

**AFFIDAVIT FOR THE PROPERTY OWNER
 SEEKING APPROVAL OF A BUILDING
 PERMIT FOR AN ACCESSORY LIVING
 UNIT**

BEFORE ME personally appeared _____, who after being duly sworn, and upon personal knowledge, deposes and says:

1. Affiant intends to build an accessory living unit in accordance with the requirements of Section 404.24 of the Alachua County Unified Land Development Code (ULDC) that is _____ square feet with a principal residence that is _____ square feet on Tax Parcel # _____ as recorded in OR Book _____, Page _____ or Plat Book _____.
2. If the principle residence is being constructed simultaneously with the accessory living unit, affiant hereby certifies that they intend to reside on the parcel identified above.
3. Affiant understands that he/she must maintain homestead exemption status that establishes ownership and residence on the property.
4. Affiant understands that the accessory living unit cannot be sold separately from the principal residence unless the property is legally subdivided in accordance with Chapter 407, Article 8, Subdivisions, of the ULDC.
5. Affiant understands that if homestead exemption status is not maintained on the property, the kitchen and other facilities for the separate residence shall be removed from the unit.

Affiant (signature) _____

Name of Affiant (printed) _____

Address of Affiant (line 1) _____

Address of Affiant (line 2) _____

STATE OF FLORIDA
 COUNTY OF ALACHUA

SWORN AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____, 2_____

BY _____

WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED AS IDENTIFICATION

 (TYPE OF IDENTIFICATION)

(SEAL ABOVE)

Notary Public, Commission No. _____

(Name of Notary typed, printed, or stamped)