

ACCESSORY APARTMENT AFFIDAVIT OF RESIDENCY

STATE OF CONNECTICUT)

) ss: _____

COUNTY OF FAIRFIELD)

The undersigned, _____, being duly sworn, hereby deposes and says:

1. I/We are over the age of 18 and fully understand the meaning of a sworn statement of affidavit and obligation of an oath.
2. I/We are owner(s) and permanently reside at _____ located in the Town of Monroe, Fairfield County, Connecticut
3. I/We have read and understand the Zoning Regulations of the Town of Monroe with respect to the permitting standards applicable to an Accessory Apartment within the address premises noted above.
4. This affidavit is made of and given in accordance to said Zoning Regulations to attest under oath that I/we shall maintain and reside as a permanent resident within either the Principal House or Accessory Apartment Unit at the above noted address as is required, among other things, by the Zoning Regulations in order to maintain said Accessory Apartment in good legal standing. It is understood that violation of the requirement for owner occupancy will lead to revocation of said Accessory Apartment use and permit.
5. All the undersigned warrant the truth of all statements contained herein.
6. It is further understood that same shall be binding on all heirs, executors, administrators, successors and assigns of all undersigned in regard to the requirements for continual owner occupancy of the above noted premises.

Name Printed

Signature

Date

Name Printed

Signature

Date

Executed this _____ day of _____, 20____, before me:

Notary Public, Justice of the Peace, Commissioner of the Superior Court