WHEN RECORDED, RETURN TO:

City of Mercer Island Attn: Community Planning & Development 9611 S.E. 36th Street Mercer Island, WA 98040

for more than six (6) months per year.

AFFIDAVIT IN SUPPORT OF ACCESSORY DWELLING UNIT PERMIT

Gran	ntor:	
Gran	ntee: City of Mercer Island, a municipal corporati	on
Lega	al Description:	
(If no	ot enough space, attach separate sheet labeled E	xhibit A)
Asse	essor's Tax Parcel ID Number:	
Affic	davit in Support of Single-Family Building Permit	:#
l,		, am over the age of 21 years, and make the
state	ements herein of actual knowledge.	
1.	The address of my property is	ng for a permit to build an accessory dwelling unit at
2.		in my immediate family will make my/their legal

residence in the principal dwelling or accessory dwelling unit and actually reside in such dwelling

- 3. I understand that either the property owner or an immediate family member of the owner will occupy the principal dwelling unit or accessory dwelling unit for more than 6 months per year. If this requirement is not met, the accessory dwelling unit will lose its permitted status.
- 4. I will notify my prospective purchasers of the limitations of Mercer Island's Accessory Dwelling Unit regulations.
- 5. I will notify King County Department of Records and Elections if the accessory dwelling unit is removed from this property.
- 6. I understand that the City may require the removal of the accessory dwelling unit if any of the requirements for the accessory dwelling unit are violated.
- 7. I agree to have this document recorded with the King County Department of Records at my expense and supply a copy to the City of Mercer Island.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNED:

DATE:

Prop	Property Owner(s)				
SIGNED:	DATE:				
Prop	perty Owner(s)	Owner(s)			
STATE OF WASHINGTON)	_				
COUNTY OF KING)	;				
On this day of for the State of Washington, of foregoing instrument, and ac deed, for the uses and purpos	duly commission _ and to me kno knowledged that	ed and sworn, per w to be the indivion they signed the s	rsonally appe dual describe	eared before me ed in and who ex	e xecuted the
GIVEN under my hand and of	ficial seal this	day of		_, 20	
	-	NOTARY PUBLIC i	n and for the	State of Washi	ngton
		Printed Name		State of Washin	
		My Appointment	Expires		