



HALIFAX COUNTY **SUBDIVISION-ZONING DEPARTMENT**

FAMILY SECOND DWELLING RELATIONSHIP AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared Affiants _____, Owner of the Parent Parcel, and _____ Immediate Family Member of the Owner. Both individuals, being duly sworn, say:

1. The Parent Parcel subject to this affidavit is located at the following address: _____.

The Parent Parcel is also referred to as PRN _____. The Owner represents that he/she/they hold(s) fee simple title to the Parent Parcel. Affiants acknowledge that the Immediate Family Member is the natural or legal offspring (including stepchildren), sibling, spouse, grandchild, grandparent or parent of the Owner. (Circle one)

2. Both the Owner and the Immediate Family Member have personal knowledge of all matters set forth in this Affidavit.
3. No person or entity other than the Owner and Immediate Family Member to whom permit is being issued, including persons residing with the family member, claims or is presently entitled to the right of possession or is in possession of the Parent Parcel.
4. This Affidavit is made for the specific purpose of inducing Halifax County to recognize a second single family dwelling for use by an immediate family member to be placed on an existing lot.
5. This Affidavit is made and given by the Affiants with full knowledge that the facts contained herein are accurate and complete and that Affiants are subject to the penalties for perjury under Virginia Law.
6. The Affiants understand that this Affidavit must be attached along with Building & Zoning permits applications for construction of the new dwelling.
7. The Affiants hereby certify that they fully understand that the second single family dwelling family relationship affidavit exception may be subject to other restrictions not addressed in the application, this affidavit, or the Halifax County Family or Subdivision Ordinance.

We hereby certify that the facts represented by us in this Affidavit are true and correct and we accept the terms of the Agreement and agree to comply with the Halifax County Ordinance

Signature of Owner

Signature of Immediate Family Member

Printed Name of Owner

Printed Name of Immediate Family Member

The foregoing instrument was sworn to before me this _____ day of _____, 20____ by _____, Owner, who personally appeared before me and who is personally known to me or has produced _____ as identification.

Signature, Notary Public

Name: _____
My Commission Expires: _____

The foregoing instrument was sworn to before me this _____ day of _____, 20____ by _____, Immediate Family Member, who personally appeared before me and who is personally known to me or has produced _____ as identification.

Signature, Notary Public

Name: _____
My Commission Expires: _____

DIRECTOR PLANNING- ZONING DEPARTMENT (ONLY)

The applicant has/has not submitted and certified all of the required documents in support of the requested family second dwelling; therefore, I approve/disapprove the request for a family second dwelling for the parcel identified above.

Signature

Date