

**DETACHED ACCESSORY LIVING QUARTERS FOR PERMANENT OCCUPANCY COMPLIANCE  
AFFIDAVIT**

I, \_\_\_\_\_, owner (or owner's agent for \_\_\_\_\_,)

have applied for approval of Detached Accessory Living Quarters for Permanent Occupancy for the purposes of \_\_\_\_\_  
(description of family circumstances)  
\_\_\_\_\_ being duly sworn on oath,

deposes and says:

I, as applicant, own and hold title to the following described real property (hereinafter referred to as "the PROPERTY"), or have been given authority to represent the owner by an Owner's Affidavit of the PROPERTY for purposes of the above referenced applications:

\_\_\_\_\_ Street Address  
\_\_\_\_\_ Legal Description  
\_\_\_\_\_ Assessors Tax Schedule Number

El Paso County, Colorado

**I hereby acknowledge and agree to the following:**

"Pursuant to Chapter 5 of the El Paso County Land Development Code, I understand that Detached Accessory Living Quarters for Permanent Occupancy is not allowed resulting in more than one house on a parcel of land unless an affidavit is signed and recorded in the Office of the El Paso County Clerk and Recorder whereby I as Owner acknowledge and agree that the Detached Accessory Living Quarters for Permanent Occupancy proposed as part of this development application and to be located on the above non- permanent living arrangements to house immediate family members whom are elderly, disabled, or demonstrate a family need.

I hereby acknowledge that I have read, understand, and will abide by the provisions of the El Paso County Land Development Code, agree with the limitations contained in the County approval of my permit, and understand that failure to comply with the El Paso County Land Development Code or the conditions of my permit may result in enforcement actions which can result in enforcement actions which can result in the necessity to secure additional approvals or the requirement to remove the Detached Accessory Living Quarters for Permanent Occupancy accessory dwelling housing. I understand that it is my obligation to advise El Paso County, through the Planning and Community Development Department, of any change in family circumstances rendering the Detached Accessory Living Quarters for Permanent Occupancy unnecessary.

I understand that as owner I am responsible for maintaining compliance with all well permit or water use conditions or restrictions.

I understand the following definition applicable to Detached Accessory Living Quarters for Permanent Occupancy from the El Paso County Land Development Code:

**Guest House**

Lodging attached to the principal dwelling or located within a garage or accessory structure which may be occupied only by occasional, non-paying guests or visitors of the family residing in the principal dwelling. A guest house is no considered a dwelling unit. Detached Accessory Living Quarters for Permanent Occupancy is a form of guest house utilized on a non- permanent basis to house immediate family members that require housing due to age, disability, or family need. A family member shall be related by blood, half blood or at law, and which term "at law" also includes in-law relationships arising for a deceased or former spouse.

The Detached Accessory Living Quarters for Permanent Occupancy shall be removed within 3 months after the need no longer exists or 3 months after the date of the expiration of the permit, if one is specified, unless an application to legalize this use is submitted or an application to subdivide the property is submitted.

IN WITNESS WHEREOF, the parties hereto have hereunder set their hands and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**OWNER**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name, Mailing Address and Phone Number

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_, COUNTY OF \_\_\_\_\_.

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

IN WITNESS WHEREOF, the parties hereto have hereunder set their hands and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**OWNER**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name, Mailing Address and Phone Number

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_, COUNTY OF \_\_\_\_\_.

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)