TOWN OF LITTLE COMPTON, RHODE ISLAND
APPLICATION/AFFIDAVIT FOR TEMPORARY ACCESSORY FAMILY DWELLING UNIT

Date ____________________

This Application/Affidavit is for a Temporary Accessory Family Dwelling unit in compliance with the Little Compton Zoning Ordinance Sections 14-2.1 a. 16.

1) Name of applicant(s) ____________________________________________________________

2) Street address __________________________ LIttle Compton, Rhode Island.

3) Single Family Dwelling     Yes              No

4) Size of lot ____________ acres.           Plat # ____________          Lot # ____________

5) Size of Temporary Accessory Family Dwelling Unit ______ sq. ft.
   Size of principal structure ________ sq. ft.

6) Owner-occupied     Yes              No     Note: If No, the owner must sign below and provide written consent to establishing a Temporary Accessory Family Dwelling Unit, which must be attached to this application.

7) Name(s) of the occupant(s) of the Temporary Accessory Family Dwelling Unit:

________________________________________________________________________

who is/are related to the Applicant as: ___________________________________________

I/We understand and affirm that the Temporary Accessory Family Dwelling Unit is for the sole use of the named occupant(s) above and that when he/she/they vacate(s) the premises, for whatever reason, the Temporary Accessory Family Dwelling Unit shall cease to exist, unless I/we reapply in compliance with the Little Compton Zoning Ordinance. I/We further understand and affirm that any violation to the Little Compton Zoning Ordinance can result in a fine of not more than $100 for each day the violation remains in effect. Any changes to the above shall require a new or amended application to be filed.

Applicant                                      Date

Applicant                                      Date

Owner, if Applicant is not owner and Date

Sworn to and subscribed before me on this

__________ day of ________________ 20__.

Notary Public

To be filled out by the Building Official:

The Building Official has inspected the dwelling named above and certifies that the Temporary Accessory Family Dwelling Unit complies with the Little Compton Zoning Ordinance.

Building Official                             Date

Four copies shall be filled out with original signatures. The Applicant shall file one copy with the Little Compton Building Official, one copy with the Town Clerk to be recorded in the Little Compton Land Evidence Records, one copy with the Tax Assessors and one copy shall be retained by the Applicant.