

(NOTE: This form must be completed for every one or two family residential building permit application)

I, _____, the owner of the property located at _____, affirm that the building that I am proposing to construct or alter, at the same location will be occupied by:

Please check one:

_____ A "traditional related family," or less than four (4) unrelated persons; or

_____ Four (4) or more unrelated persons. **Please note that more stringent fire code requirements apply to a building that is to be occupied by four (4) or more unrelated persons, as specified in Chapter 26 of the Life Safety Code, NFPA 101. If you check this box, these more stringent fire code requirements will be enforced by the City of Tallahassee.**

In accordance with City Ordinance Number 00-O-54AA, as amended, effective June 15, 2000, "rooming houses" are prohibited from being established on properties zoned RP-1, RP-2, R-1, or R-2.

A rooming house is generally defined as a single-family dwelling (house) or either side of a two-family dwelling (duplex) that is rented for a valuable consideration to 4 or more natural persons unrelated by blood, marriage, or legal adoption to the owner of the house (please refer to City Ordinance Number 00-O-54AA, as amended, for a complete definition).

Please check one:

_____ I am **not** proposing to establish a rooming house, as that term is defined in the Rooming House Ordinance; or

_____ I am proposing to establish a rooming house, as that term is defined in the Rooming House Ordinance (City Ordinance Number 00-O-54AA). **Please note that if the subject property is zoned RP-1, RP-2, R-1, or R-2, you are prohibited from establishing a rooming house and the building permit will not be approved.**

Signature of Property Owner

Printed Name of Property Owner

STATE OF _____ **COUNTY OF** _____

The foregoing instrument was acknowledged before me by _____

who is [] personally known to me or [] has produced _____

as identification and who did not take an oath.

WITNESS my hand and official seal this _____ day of _____ A.D., 20 _____.

Notary Public Signature

Notary Public Seal