



MUNICIPALITY OF ANCHORAGE
Affidavit of Owner-Occupancy
For Accessory Dwelling Units

I, _____, am over the age of 18 years, and make the statements herein of actual knowledge.

1. The legal description of my property is _____, also known as _____ (street address), and there is an existing or proposed accessory dwelling unit (ADU) at this address.
2. I understand that in order to maintain an ADU in the Municipality of Anchorage the property owner must reside in either the principal dwelling or the ADU for more than six months of each year. In other words, the property must be owner-occupied, per Section 21.45.035 of the Anchorage Municipal Code.
3. I own this property, and this property is my legal residence for more than six months of each year.
4. At no time will more than two people reside in the ADU.
5. I understand that the ADU permit is not transferable and will notify prospective purchasers of the limitations of the Municipality of Anchorage's ADU regulations.
6. I will notify the Municipal Zoning Compliance Division if the ADU is modified from the plans approved by the Building Safety Division, or if the ADU is removed from this property.
7. I understand that the Municipality may subject me to a civil penalty per AMC 14.60.030 and/or require the removal of the ADU if any of the requirements of AMC 21.45.035 are violated.
8. I agree that this document will be recorded as a deed restriction with the Anchorage Recording District.

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

SIGNED: _____
(Property Owner)

PRINTED NAME: _____

DATE: _____

On this _____ day of _____, 20_____, before me the undersigned, a Notary Public in and for the State of Alaska, duly commissioned and sworn, personally appeared before me and to me known to be the individual described in and executed the foregoing instrument, and acknowledged that he or she signed the same as his or her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the State of Alaska

My commission expires _____

Anchorage Recording District

Return original recorded document to:

MOA/Planning Department
P.O. Box 196650
Anchorage AK 99519-6650

Permit # _____