

**AFFIDAVIT OF COMPLIANCE
ACCESSORY MANUFACTURED HOME**

I _____ and _____

being duly sworn, depose and say that I/WE own the following described property: _____
(PID #)

_____ (see attached deed) as of this date _____,
(Address)

I/WE wish to locate a manufactured home on the above described property for the following reason:

- _____ an accessory dwelling to a farm, (minimum 40 acre tract size);
- _____ an accessory dwelling for locating the elderly on property occupied by the immediate family, (minimum 5 acre tract size and accessory manufactured home provided with a separate potable water supply and separate sewage disposal system);
- _____ an accessory dwelling for members of the immediate family (parents and their children) on property owned and occupied by the immediate family, (minimum 5 acre tract size and accessory manufactured home provided with a separate potable water supply and separate sewage disposal system);
- _____ a temporary dwelling for one year while building, remodeling or rebuilding a residence.

I understand that all manufactured homes other than for "one year while building" shall be placed upon a permanent foundation, the appearance and durability of such foundation being acceptably similar to foundations of residences built on the site.

I understand that I must comply with the sewerage system installation requirements of the Leavenworth County Sanitary Code.

I understand that I must comply with State regulations in regard to water service for the manufactured home and that I must provide a separate water supply for the manufactured home.

I understand that I must comply with all Local, State and Federal Laws, Codes and Regulations which may apply to this use.

I understand that there is a fee of \$300 for this permit. I also agree to remove the manufactured home from the property within thirty (30) days if it is not being occupied for the above use. I also agree to get a new permit if at such time the manufactured home is replaced with another manufactured home.

Issued by:

Owners signature(s), address, phone

STATE OF KANSAS

COUNTY OF LEAVENWORTH

BE IT REMEMBERED, that on this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared

_____ and _____
to me personally known to be the same person(s) who, having been duly sworn and upon their oath, executed the above and foregoing instrument of writing, and duly acknowledged the execution of the same.

SEAL:

Notary Public

My Appt. Expires _____