100 E. First Street, Suite 328
Winston-Salem, NC 27101
336.727.2624 (Fax) 336.727.2792

SECONDARY/ACCESSORY KITCHEN AFFIDAVIT

PERMIT NUMBER _____

I, _____, being the owner of the dwelling located

at _____ do hereby declare that the second kitchen at said address will not be used for the purpose of a SECONDARY/ACCESSORY DWELLING UNIT, as defined by the Unified Development Ordinances. I do understand that the above stated property is zoned for a SINGLE FAMILY DWELLING UNIT ONLY!

SIGNED:_____

ADDRESS:_____

_____

PHONE: ( )_____

DATE:_____

Sworn to and subscribed before me,
this_____day of _____, 2_____.

_____
(Notary Signature)
My commission expires:_____
(Date)