Record Notarized Document at:
ROD Office - 101 Meeting St. Room 200
Charleston SC
843 958-4800

STATE OF SOUTH CAROLINA)
) **RESTRICTIVE COVENANTS AFFIDAVIT**
COUNTY OF CHARLESTON)

I, _____, am the property owner of the below-referenced
(Print Name)

property and have researched the restrictive covenants applicable to Parcel Identification Number(s) _____ located at (address/es) _____, and have found and hereby certify that either there are no restrictive covenants applicable to the aforementioned property or that the proposed application for constructing an accessory dwelling is not contrary, does not conflict with, and is not prohibited by any of the restrictive covenants, as specified in South Carolina Code of Laws, Section 6-29-1145 and Town of Mount Please Code of Ordinances Chapter 156.110(A)(11). Further, I understand that should any such restrictive covenants exist and apply, the Town of Mount Pleasant may revoke any applicable permit(s) and all work must be stopped.

I also certify the following pursuant to Town of Mount Pleasant Code of Ordinances Chapter 156.110(A)(11)(h):

(a) either the principal structure or the accessory dwelling unit will be owner-occupied and serve as the owner's primary residence;

(b) occupancy of the accessory dwelling unit will be limited to no more than three persons; and

(c) under no circumstances will the property be converted to a horizontal ownership regime.

Signature Page Follows

WITNESS my hand and seal this ____ day of _____ 2021.

SIGNED, SEALED AND DELIVERED
IN THE PRESENCE OF:

_____	_____
SIGNATURE OF WITNESS	SIGNATURE OF AFFIANT
_____	_____
SIGNATURE OF NOTARY	PRINTED NAME OF AFFIANT

STATE OF _____)
)
COUNTY OF _____)

I, the undersigned witness Notary Public for state of _____, do hereby certify that the Grantor personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal
this ____ day of _____ 2021

_____
Signature of Notary

Notary Public for state _____
My Commission Expires: _____