



ZONING ENFORCEMENT DIVISION
201 N. Stone Avenue, 1st Floor
Tucson, Arizona 85701-1207
(520) 740-6740

APPLICATION FOR SECONDARY DWELLING

OWNER: _____ PHONE: _____

MAILING ADDRESS: _____ ZIP: _____

AGENT (if not the owner): _____ PHONE: _____

PROPERTY ADDRESS: _____ ZIP: _____

LEGAL DESCRIPTION: _____ TAX CODE: _____

ZONE: _____ LOT DIMENSIONS: _____ LOT AREA: _____

NAMES OF PERSONS TO OCCUPY THE SECONDARY DWELLING: _____

THE FOLLOWING DOCUMENTS ARE REQUIRED:

1. Sketch plan of lot, showing all existing structures and proposed structure with dimensions and distances from structures to property lines and to other structures.
2. Letter of authorization (if not the owner)
3. Signed statement describing how the request complies with the standards in Section 18.09.020J2 of the Zoning Code (form provided)
4. Statement from physician that the ill, handicapped, or elderly relative requires special care or supervision.
5. Recorded covenant (form provided)
6. A \$217.00 zoning fee (make check payable to Pima County Treasurer - *includes a \$2.00 records maintenance fee)

I, the undersigned, represent that all the facts in this application are true to the best of my knowledge. I am aware that a covenant running with the land must be recorded stating that the secondary dwelling must be removed from the property within ninety days of the date the secondary dwelling is no longer occupied by the persons specified above. I have read and understood the Secondary Dwelling guidelines and standards.

Signature of Applicant Date

=====
(OFFICE USE ONLY)
=====

P27 _____ Map#: _____

Received By: _____ Date: _____ Check No.: _____ Receipt No.: _____



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LETTER OF AUTHORIZATION

As required by Arizona Revised Statutes I hereby certify that I am the owner of the property referenced below and that the party whose name is listed below is authorized to take out Development Services permits in my name:

Property Address

Type of Permit Applied for: (SFR/MH/Remodel/Addition/Fence or Wall/Home Occupation/ Child Care/Secondary Dwelling/Assisted Living Home/Group Home)

Signature of Applicant

Date

AUTHORIZED BY:

Signature of Property Owner

Date

STATEMENT OF AGREEMENT

STANDARDS AS LISTED IN SECTION 18.09.020J

1. Property owner shall provide a statement signed by a physician that special care or supervision is required by the ill, handicapped, or elderly relative.
2. Only one secondary dwelling per lot shall be allowed.
3. Secondary dwelling shall meet the minimum setback requirements described in the Development Standards-General of the property's zoning classification
4. The same access which serves the main dwelling shall be used for the secondary dwelling.
5. The owner shall record a covenant running with the land stating that the secondary dwelling shall be removed from the property within ninety days of the date the secondary dwelling is not longer occupied by the person specified in the secondary dwelling permit.
6. The secondary dwelling will not cause adverse effects to surrounding properties.

I the undersigned, owner or agent of owner for the subject property agree to adhere to the Standards listed above and as listed in Section 18.09.020.J.2 of the Pima County Zoning Code.

Furthermore, I the applicant, understand that a secondary dwelling permit shall be valid for up to three years and may be renewed by the Zoning Inspector. A property owner requesting renewal of the permit shall submit to the Zoning Inspector evidence that the secondary dwelling is still needed and that conditions of the permit have been met.

Name

Date

Address

EXAMPLE

MEDICAL LETTERHEAD

Date:

RE: Name of Patient

The above stated patient suffers from (medical illness). He/She will need daily assistance. The son/daughter has agreed to serve as care giver. It would be helpful and reasonable for him/her to live near the care giver.

Doctor's Name and Signature

**SECONDARY DWELLING UNIT
DECLARATION OF COVENANTS RUNNING WITH THE LAND**

This Declaration of Covenant is made by:

_____, the Declarant.

1. **Affected Property.** Declarant is the owner of the land referred to in this Declaration as the Affected Property and more particularly described as:

(address)

and legally described in Exhibit A attached to and made part of this Declaration.

2. **Purpose.** This Declaration is executed in order to satisfy Declarant's obligations arising from the issuance of a Pima County Zoning Use Permit allowing a secondary dwelling pursuant to Pima County Zoning Code Section 18.09.020(J)(1)(b)(6).
3. **Declaration.** Declarant, for itself and its successors and assigns, hereby declares that all of the Affected Property and each part thereof shall be owned, held, transferred, conveyed, sold, leased, rented, encumbered, used, occupied, maintained, altered and improved Affected to the covenants, conditions, restrictions and other provisions set forth in these Covenants for the period these Covenants are in effect.
4. **Effect.** The provisions of these Covenants are not personal and are intended to and shall run with the land and, until their expiration or termination, shall bind, be a charge upon and insure to the mutual benefit of (a) the owners of all or a portion of the Affected Property, (b) Declarant and its successors and assigns, and (c) Pima County and any successor governmental entity.

5. **Restriction.** The secondary dwelling unit for the use of ill, handicapped or elderly relatives who are in need of special care or supervision which is described in the Pima County Use Permit issued pursuant to Pima County Zoning Code Section 18.09.020(J)(1)(b)(6) shall be removed a) from the from the Affected Property within ninety days of the date the secondary dwelling unit is no longer occupied by the person specified herein,

_____ and in the Use Permit.
(name of secondary dwelling occupant)

6. **Effective Date.** These Covenants shall be effective on the day they are recorded in the Office of the Pima County Recorder.

7. **Duration.** All provisions of the Declaration shall continue in full force and effect for a period of ninety-nine years from the effective date of this Declaration.

8. **Amendment.** These Covenants may be amended only upon the concurrence of both Pima County or any successor governmental entity and Declarant or its successors and assigns.

9. **Enforcement.** The covenants contained in this Declaration are not personal and shall run with the Affected Property and shall be a servitude in favor of Pima County as (a) body politic and (b) trustee of real property dedicated to the public in the vicinity of the Affected Property.

Executed: _____
(Date)

By: _____
(Declarant)

STATE OF ARIZONA)
County of Pima) ^{ss.}

This instrument was acknowledged before me on this _____ day of _____, 20 ____.

Notary Public

My Commission Expires: