

PLANNING & ZONING DEPARTMENT  
1301 2<sup>nd</sup> Avenue Room 1 D 09  
Conway, SC 29526



Phone: (843) 915-5340  
Fax: (843) 915-6341

## Accessory Dwelling Unit Notarized Authorization Letter

Date: \_\_\_\_\_

This is to certify that \_\_\_\_\_ occupies the residence located at  
*(Property Owner(s))*

\_\_\_\_\_ as the primary dwelling.

\_\_\_\_\_  
*(Property Owner Signature)*

\_\_\_\_\_  
*(Property Owner Signature)*

\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(Print Name)*

### AFFIDAVIT

Sworn to (or affirmed) and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Official Signature of Notary*

\_\_\_\_\_, Notary Public  
*Notary's printed or typed name*

My commission expires: \_\_\_\_\_