

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



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

Accessory Living Quarters Notarized Authorization Letter

Date: _____

This is to certify that _____ occupies the residence located at
(Property Owner(s))

_____ as the primary dwelling unit and the tenant of the accessory
(Address)

dwelling living quarters is _____ and their relation is _____.

(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: _____