



City of Pompano Beach
Department of Development Services
Planning & Zoning Division

Dwelling Unit Occupancy Affidavit

100 W. Atlantic Blvd, Pompano Beach, FL 33060
Phone: 954.786.4654 Fax: 954.786.4666

AFFIDAVIT: DWELLING UNIT OCCUPANCY

State of Florida}
County of Broward}

I _____ am the _____ of the property
(Print Name) (Property Owner or Local Designated Representative)
located at _____ in the City of Pompano Beach, FL.
(Address)

I acknowledge that I have been advised of and understand the provisions of the City of Pompano Beach Code of Ordinances Chapter 153, pertaining to Rental Housing (copy attached). I agree that the property listed above shall be in compliance with Code of Ordinances Chapter 153, and as well as all city code requirements.

I acknowledge that I have been advised of and understand the provisions of the City of Pompano Beach Zoning Code Article 9 pertaining to the definition of "Dwelling Unit" and "Family". I agree that the property listed above shall be in compliance with the Zoning Code Article 9 definitions of "Dwelling Unit" and "Family", unless otherwise authorized pursuant to other provisions of the Pompano Beach Code of Ordinances.

Zoning Code Article 9

Dwelling Unit - "A room or combination of connected rooms within a dwelling that constitutes a single and separate habitable unit that contains independent living, sleeping, and sanitation facilities (and may or may not contain cooking facilities), and that is used or designed for occupancy on a weekly or longer basis by only one family. The term "dwelling unit" shall also include a habitable unit licensed by the state to provide a family living environment and care for a group of six or fewer unrelated persons who meet statutory definitions of a frail elder (Fla. Stat. §429.65), physically disabled or handicapped person (Fla. Stat. §760.25), developmentally disabled person (Fla. Stat. §393.063), nondangerous mentally ill person (Fla. Stat. §394.455), child determined to be dependent (Fla. Stat. §39.01 or §984.03), or child in need of services (Fla. Stat. §984.03 or §985.03), and that may include such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of the residents."

Family - "An individual or two or more persons related by blood, marriage, state-approved foster home placement, or court-approved adoption—or up to three unrelated persons—that constitute a single housekeeping unit. A family does not include any society, nursing home, club, boarding or lodging house, dormitory, fraternity, or sorority."

BEFORE ME, the undersigned authority, personally appeared _____(PRINT NAME) who after being duly sworn, deposes and says: That I am the person whose signature appears below, and that the information I have provided above in this document is true and correct.

Signature: _____

SWORN TO AND SUBSCRIBED before me this ____ day of _____ 20 ____, in Pompano Beach, Broward County, Florida.

Notary Public
Seal of Office

Notary Public, State of Florida

(Print Name of Notary Public)

Personally Known

Produced Identification

Type of identification Produced: