

AFFIDAVIT FOR ACCESSORY BUILDING

Document Number:
Parcel Number:
Name and Address Return: Jackson County Zoning and Land Information Department 307 Main Street, Courthouse Black River Falls WI 54615

(Space Above This Line Reserved For Recording Data)

This indenture, made by _____ and their successors in interest hereinafter, called "owner", own the following parcel(s) of land in the State of Wisconsin, Jackson County, and described as follows (attach full legal description if necessary): _____

The following are all of the people, firms and corporations having an interest in the property described above. Such interested parties hereby enter into this covenant and affidavit:

The parties holding a security interest in the property described in paragraph 1 above, have been notified of this covenant by the undersigned.

This affidavit and covenant is given by the undersigned as owner and interested party in the property in order to obtain a Land Use Permit from the Jackson County Zoning Department for the purpose of constructing an accessory building on the described property in accordance with the provisions of the Jackson County Zoning Code.

As a condition of such request for a Land Use Permit to construct an accessory building, I, as the owner, hereby certify and agree that such accessory building will be used for personal storage only. Such accessory building will not be used for lounging, cooking, eating, sleeping or as a habitable building or living purposes at any time, whether on a permanent, occasional, or weekend basis, by me or any grantees, successors or assigns of me with regard to this property.

I further understand and agree, as a condition of the granting of such Land Use Permit for an accessory building, that if such accessory building is used by me, my grantees, successors, heirs or assign of the property as a habitable building or for living purposes on a permanent, occasional, or weekend basis at any time, the Land Use Permit issued by the Jackson County Zoning Department shall be deemed null and void and such conduct shall be considered in violation of the Jackson County Zoning Code.

This Affidavit and Restrictive Covenant running with the land is given by the undersigned as owner of the above described property and shall be recorded in the Register of Deeds for Jackson County and shall be considered a restrictive covenant running with the land described herein and shall insure to the benefit of Jackson County, all abutting and contiguous properties to that of the subject property, as well as the residents of Jackson County.

I understand that this document is required by the Jackson County Zoning Code in conjunction with issuance of a Land Use Permit for an accessory building on vacant lands, and/or for the construction of an accessory building exceeding one story in height.

Dated this _____ day of _____, _____.

Owner(s) Signature

Typed or Printed Name of Owner(s)

Owner(s) Signature

Typed or Printed Name of Owner(s)

ACKNOWLEDGMENT:

State of Wisconsin }
Jackson County }

Personally came before me this _____ day of _____, _____, the above named _____

to me known to be the person(s) who executed the foregoing instrument and acknowledge the same.

Notary Signature

Typed or Printed Name of Notary

Notary Public, _____ County, WI.
My commission is permanent. If not, state expiration date: _____