



ADDITIONAL DWELLING UNIT (ADU) OWNER DISCLOSURE STATEMENT (SINGLE FAMILY RESIDENTIAL PROPERTIES ONLY)

PROPERTY ADDRESS _____

I am the property owner of the above referenced property and understand that I am applying for a building permit to establish an additional dwelling unit ("ADU") at the above property, and I understand, acknowledge, and accept the following terms, conditions, and standards. **(The owner's initials are required in the designated space to indicate that the item has been read.)**

_____ I have read and understand Sections 33-22 and 33-28 (D)(14) of the Code of Miami Dade County regarding additional dwelling units/guesthouses and the conditions required

_____ I understand and acknowledge that establishing an ADU on the property may affect the property taxes as a result of an increase to the property's assessed value and may change the homestead exemption status of the property.

_____ I understand and acknowledge that any rental payments received from the rental of the ADU will be considered income when determining eligibility for the low-income senior and the long-term low-income senior property tax exemptions, which may result in the loss of the exemption(s) and substantially higher property taxes.

_____ I understand and acknowledge that it is my responsibility to contact the Office of the Property Appraiser prior to renting the ADU or changing the use of the property to determine the possible property tax consequences.

_____ I understand and acknowledge that a separate annual renewable Certificate of Use ("CU") is required for the additional dwelling unit and I attest that I will obtain the CU prior to the occupancy of the additional dwelling unit.

Further, under the penalty of perjury, I, being first duly sworn, depose and say that I have read the foregoing application and that the facts stated herein are accurate and true, including any boxes checked. I further acknowledge that this application and disclosure is subject to penalties of perjury, and acknowledge that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation of the uses after the permit is revoked, canceled, voided, or suspended, may subject me to enforcement penalties allowed by law.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of physical presence OR online notarizations

this _____ day of _____, 20____, by _____

Individual identified by personal knowledge satisfactory evidence _____
SIGNATURE OF PROPERTY OWNER SWEARING OR AFFIRMING

SIGNATURE OF NOTARY PUBLIC _____
PROPERTY OWNER SWEARING OR AFFIRMING (PRINT)

PRINT NAME _____

TYPE OF IDENTIFICATION PROVIDED _____

PRODUCED IDENTIFICATION _____

