

WELLS TOWNSHIP
Tuscola County, Michigan
AFFIDAVIT OF ACCESSORY USE

I, _____ (property owner(s)) hereby depose(s) under oath and states as follows:

1. That I/we are the owner(s) of real property located at _____
_____, Parcel ID Number _____
which is the site on which more than 200 amperes of electrical service is proposed to be used. The legal description of said property is: _____

2. That I/we desire to have more than 200 amperes of electrical service at the above described property for the following reasons: _____

3. That I/we understands that, based on our representation and assurance, the Township will only require us to file a zoning permit for a change in land use if the purpose for having more than 200 amperes of electrical service at the above described property is for a Home Occupation or for Caregiver Cultivation of Marijuana for Medical Use purposes.

4. That I/we further understand that the purpose for having more than 200 amperes of electrical service at the above described property is not for Home Occupation nor is it for Caregiver Cultivation of Marijuana for Medical Use purposes, and I/we agree and shall not use the property for a Home Occupation or for Caregiver Cultivation of Marijuana for Medical Use without first obtaining zoning approval from the Township.

5. That I/we understand that, if the purpose for having more than 200 amperes of electrical service at the above described property is for a Home Occupation or for a Caregiver Cultivation of Marijuana for Medical Use, I/we must obtain zoning approval from the Township before I/we can use the property for a Home Occupation or for

Caregiver Cultivation of Marijuana for Medical Use, subject to the provisions of the township zoning ordinances.

6. That I/we understand that, by having more than 200 amperes of electrical service at the above described property, for what ever reason, the Township has the right to conduct annual or notified random inspections of the above described property to verify compliance.

7. That I/we understand that any incorrect or inaccurate representations made above may be grounds for the Township to revoke its approval with penalties as prescribed in the Township Zoning Ordinance.

Property Owner Signature

Date

Property Owner Signature

Date

Subscribed and Sworn to before me this _____ day of _____, 20__.

Notary Public Signature

Name _____

Notary public, State of Michigan, County of _____

Acting in County of _____

My commission expires _____

An electronic/remote electronic notarization system was/was not used