

## SECTION 38.0 ACCESSORY FAMILY UNIT (AFU)

### Section 38.01 Purpose

Accessory Family Units are considered allowable accessory uses in all County Residential and Open Rural (OR) zoned districts and Ponte Vedra Residential zoned districts. Accessory Family Units are subject to specific locational, occupancy and size requirements pursuant to LDC 2.02.04.B.16 and PZVA Section VIII.L.

### Section 38.02 Introduction

Administrative Review of Accessory Family Units is completed by the Planning and Zoning Division.

Location: 4040 Lewis Speedway  
St. Augustine, Florida 32084

Phone: (904) 209-0675-GENERAL INFORMATION  
Fax: (904) 209-0676

E-mail: [plandept@sicfl.us](mailto:plandept@sicfl.us)

Fees: \$58/hour with a one hour minimum (applicant will be notified if additional fees are required)

### Section 38.03 Application Process

The following information must be included with each request. After submission of a complete application and appropriate fees, the request will be reviewed within five (5) days.

- A. Complete Application Form, including square footage and eave height of both main use structure and AFU under Project Description.
- B. Appropriate [Fee](#).
- C. Property Owner's Affidavit. An Accessory Family Unit is limited to Family members of the owner(s) of the main use Structure.
- D. Proof property is declared as homestead by the Property Appraiser.
- E. A legal description, deed, and survey of the property in question.
- F. A site plan depicting elements of the Residential Site Plan Application Checklist / Requirements.
- G. Additional information deemed relevant may be requested.

### **Section 38.04 Approval Process**

Once approved, the applicant will be provided a stamped Approved site plan which must accompany any request for Clearance Sheet.



# St. Johns County Growth Management Department

Application for:

Date

Property Tax ID No

Project Name

Property Owner(s)

Phone Number

Address

Fax Number

City

State

Zip Code

e-mail

Are there any owners not listed?

 No Yes

If yes please provide information on separate sheet.

Applicant/Representative

Phone Number

Address

Fax Number

City

State

Zip Code

e-mail

Property Location

Major Access

Size of Property

Cleared Acres (if applicable)

Zoning Class

No. of lots (if applicable)

Overlay District (if applicable)

Water & Sewer Provider

Future Land Use Designation

Present Use of Property

Proposed Bldg. S.F.

Project Description (use separate sheet if necessary)

Please list any applications currently under review or recently approved which may assist in the review of this application including the name of the PUD/PRD:

I understand that reasonable inspections of the subject property may be made as part of the application review process. I understand that any material misrepresentations or errors contained in this application or supporting documents may void an approved application, at the reasonable determination of the County considering the Land Development Code, Comprehensive Plan, and other applicable regulations.

I HEREBY CERTIFY THAT ALL INFORMATION IS CORRECT:

Signature of owner or person authorized to represent this application:

Signed By

Printed or typed name(s)



# Property Owner's Affidavit

I, \_\_\_\_\_

certify that I am one of the owners of the following property located in St. Johns County, Florida:

I further certify that the owners are currently and continuously approved by the Property Appraisers office for homestead exemption, that I (we) are the occupants of the main use structure and are also qualifying immediate family members, in that we are all (a) parents, step-parents, adopted parents; (b) spouse; (c) brothers or sisters; (d) children, step-children, adopted children, or grandchildren; and/or (e) the parents, step-parents, adopted parent, siblings, and children, step-children, adopted children, or grandchildren of the Owner's spouse. I further certify that the owners will occupy the above property or legal portion thereof as their primary residence as shown on the attached site plan and that the occupancy of the Accessory Family Unit will continue to be in compliance with the Land Development Code Section 2.02.04.B(16). I understand that the allowance of the Accessory Family Unit is based on certain requirements and limitations (1) occupancy limited to the primary residence of the qualifying family member, (2) the main use structure which has been declared and continues to be declared as homestead by the Property Appraiser, (3) that the accessory family unit shall be non rental and shall not be sold separately from the main use structure, (4) the accessory family unit must meet all land development regulations for permitting. **It is the responsibility of the owner to disclose the above stated limitations to any future owners of the property.**

\_\_\_\_\_  
Signature of property owner(s)

State of Florida County of St. Johns

Signed and sworn before me by means of physical presence  or online notarization  , this

day of \_\_\_\_\_ 20 \_\_\_\_\_

By \_\_\_\_\_

Identification verified: \_\_\_\_\_

Oath sworn: Yes \_\_\_\_\_ No \_\_\_\_\_

Notary Signature \_\_\_\_\_

My Commission expires: \_\_\_\_\_