

DECLARATION OF COVENANTS

For Family Caregiver Suites



THIS DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS is made this

_____ day of _____, 20 ____ by and between _____

hereinafter known as "Declarant" and ARLINGTON COUNTY, VIRGINIA, by and through Arlova Vonhm, its Zoning Administrator.

WHEREAS, the Declarant is the sole owner of certain real property _____ (RPC), located at _____ (address) in Arlington County, Virginia known as: Lot _____, Block _____, Subdivision _____ as the same is duly dedicated, platted, and recorded in Deed Book _____ at Page _____, among the land records of Arlington County, Virginia.

WHEREAS, the Declarant desires to construct on aforesaid property a Family/Caregiver Suite as defined in the Arlington County Zoning Ordinance (ACZO),

WHEREAS, in order to construct and use said family/caregiver suite on the aforesaid property, it is necessary to comply with certain zoning requirements and amendments thereto relating to family and caregiver suites adopted by the Arlington County Board on November 27, 2017 as ACZO §12.9.8.

NOW THEREFORE, Declarant, for and in consideration of the premises and the covenants contained herein does hereby agree to construct said family/caregiver suite, to be used, held, transferred, sold, conveyed, and occupied subject to the covenants, restrictions, and conditions hereinafter set forth, which are for the purpose of protecting the value and desirability of the premises and shall run with the real property and be binding on all parties having any right, title, or interest in the described property or any part thereof, their successors and assigns, and shall inure to the benefit of each owner thereof.

Article I

In the construction of a Family/ Caregiver Suite within the dwelling on the above premises, it shall consist of not more than two (2) rooms plus a bathroom and "efficiency" kitchen that are designed, arranged, used, or intended for occupancy by either (a) not more than two (2) persons who are related

by blood or marriage to the principal occupants of the dwelling or (b) not more than two (2) persons who may be unrelated to the principal occupant of the dwelling, at least one (1) of whom provides care for one or more children of the principal occupant of the dwelling or care for or assistance to one (1) or more elders or person(s) with disabilities who are occupant(s) of the main dwelling. The suite shall be designed so that it can function as an integral part of the dwelling, although the occupants may live independently of each other.

Article II

In constructing this family/ caregiver suite, in order to meet zoning requirements for all family suites in all "R" Districts, not including "RA" Districts, subject to approval by the Zoning Administrator, the Declarant hereby covenants that the following conditions are binding on the declarant, his successors, and assigns:

- (1) Not more than one (1) family/ caregiver suite shall be permitted in the dwelling.
- (2) The gross floor area of the suite shall exceed neither seven hundred fifty (750) square feet nor 35 (%) percent of the combined gross floor area of the main dwelling and the family or caregiver suite.
- (3) The suite shall have interior access to the rest of the dwelling.
- (4) The suite shall not have separate utility service (i.e., electric meter and water meter).
- (5) A floor plan of the suite that also identifies its relationship to the rest of the dwelling shall be filed with the Zoning Administrator.
- (6) The property owner shall record a covenant on the property which identifies the suite use and the restrictions imposed by the zoning ordinance.
- (7) The dwelling in which the suite is located shall have only one (1) main entrance and no new entrance shall be permitted on the same side of the structure as the existing main entrance of the dwelling.
- (8) There shall only be one (1) address for the property
- (9) A family/caregiver suite shall not be permitted in a dwelling in which an accessory dwelling is located.
- (10) A written statement identifying the person who will provide the care and the kind of care that will be given must be filed in the office of the Zoning Administrator as to an unrelated resident of the family/caregiver suite

IN WITNESS WHEREOF the following signatures and seals:

STATE OF VIRGINIA
COUNTY OF ARLINGTON

Subscribed and sworn before me this this _____ day of _____, 20_____.

by _____, the Declarant herein.

Notary Signature: _____

Notary Print Name: _____

My Commission expires: _____

APPROVED:

Arlova Vonhm, Zoning Administrator
Arlington County, Virginia