CITY OF ST. JOSEPH
25 College Avenue North, St. Joseph MN 56374
(320) 363-7201

AFFIDAVIT OF RESIDENCY

Applicant Name _____

Address _____ Number of Tenants _____

Zoning ☐ R1, Single Family ☐ B1, Central Business ☐ B2, Highway Business

Ownership Requirement ☐ 50 % ☐ 100% Copy of deed showing interest must be attached Requirement fulfilled ☐ Yes ☐ No ☐ N/a

I, _____, being of legal age, do hereby by attest and affirm the following:

1. **My primary residence is _____ and that I am the owner of record of the same.**
2. **The Interim Use Permit is only valid while said property is your primary residence and you are living at the same. It will be your responsibility to notify the City of any change of residency.**
3. **I make this Affidavit for no improper purpose.**
4. **I understand that deliberate falsification and/or omission pertaining to this affidavit will in result in revocation of the Interim Use Permit and the City will pursue civil and/or legal action.**

Signature _____ Date _____

State of MN
County of Stearns

On this _____ day of _____, 20____, before me _____, a notary public, personally appeared _____ proved on the basis of satisfactory evidence to be the person(s) whose name (s) is (are) subscribed to this instrument, and acknowledged (he/she/they) exectuted the same. Witness my hand and official seal.

Notary Signature _____ (SEAL)