

**SOUTHOLD TOWN ZONING BOARD OF APPEALS  
OFFICE CHECK LIST: SPECIAL EXCEPTION APPLICATION FOR AN ACCESSORY  
APARTMENT IN AN ACCESSORY STRUCTURE**

\_\_\_\_\_ EIGHT sets of completed application collated into separate packets, with ORIGINAL signed set on top

\_\_\_\_\_ CHECK for filing fee payable to TOWN OF SOUTHOLD clipped on top of original application

\_\_\_\_\_ Application (2 pages)

\_\_\_\_\_ TWO forms of documented proof of applicant's full time occupancy (affidavit, voters registration, drivers license etc)

\_\_\_\_\_ If a family member is renter, documented proof of renter's relationship to owner/applicant

\_\_\_\_\_ copy of Lease agreement

\_\_\_\_\_ questionnaire form

\_\_\_\_\_ All Pre-CO's and/or CO's for all structures

\_\_\_\_\_ Transactional Owner and Agent

\_\_\_\_\_ Owner's consent

\_\_\_\_\_ AG data form

\_\_\_\_\_ Short EAF form

\_\_\_\_\_ Photos

\_\_\_\_\_ Current Survey showing all structures on the property and showing parking of a minimum of three spaces (9'X18')

\_\_\_\_\_ Building Floor Plans labeled with sq. ft. of all spaces and total of livable floor areas

\_\_\_\_\_ Town Property Card

\_\_\_\_\_ Copy of the current DEED

\_\_\_\_\_ Verification from Building Department of Livable Floor Area

**SOUTHOLD TOWN ZONING BOARD OF APPEALS**  
**Town Annex/First Floor, Capital One Bank**  
**54375 Main Road (at Youngs Avenue)**  
**P.O. Box 1179**  
**Southold, NY 11971**  
**Phone (631) 765-1809 Fax (631) 765-9064**

**Instructions and Application for a Special Exception Permit for an  
Accessory Apartment in an Accessory Building**

**Required Submissions:**

**Please drop off or mail to the Office of the Zoning Board of Appeals eight (8) collated sets of the following with the ORIGINAL SIGNED SET on top and your check attached:**

1. **Completed Application:** Typed or neatly printed, filled out COMPLETELY, signed by the property owner, and notarized.
2. **Certificates of Occupancy and Deed:** Submit one copy for the principal dwelling issued by the Building Department on or before January 1, 2004 and one copy for the subject accessory building issued on or before January 1, 2008, together with a copy of certificates of occupancy for all other structures on the subject property and the current deed showing proof of ownership.
3. **Property Tax Card:** which you may obtain from the Southold Town Assessor's Office
4. **Documented Proof of Occupancy:** The owner(s) must reside full time in the principal dwelling or the accessory building after the accessory apartment is established. Two forms of proof must be submitted showing the owner's street address such as a voter's registration card, driver's license, NYS tax return, utility bills and/or a notarized affidavit from the property owner. If rental is to a family member, documented proof of relationship must be provided such as a birth or marriage certificate or notarized affidavit from the property owner.
5. **Survey:** showing lot size, existing structures and the location of at least three parking spaces (minimum size 9 ft. x 18 ft. for each).
6. **Floor Plan(s) and Livable Floor Area Calculations.** Floor plans of the entire accessory building must be submitted and signed by the preparer, showing all spaces and uses within the building. A floor plan for the proposed accessory apartment, which must be located on one floor only and contain no more than one full bathroom, must include the dimensions of each space and the total square footage of the livable floor area as defined by Section 280-4 of the Town Code.
7. **ZBA Questionnaire, Agricultural Data Statement, and Short EAF Form (see attached)**
8. **Authorization/Transactional Disclosure Form (if applicable):** If the applicant is not one of the owners, the applicant must furnish a written letter of authorization from the owner to act as the owner's agent, and complete a Transactional Disclosure Form stating their interest, if any, in the subject property (see attached).
9. **Filing Fee:** Attach a check for \$500.00 payable to the Southold Town Clerk. Your filing receipt will be mailed later to you, after review and acceptance by the ZBA Office.

**Application Process:**

**Public Hearing and Notice**

After reviewing your application and documentation for completeness, the ZBA office will contact you to confirm the date and time of a public hearing on your application. One property owner-resident must attend this scheduled hearing which will take place in the Meeting Hall of Southold Town Hall located at 53095 Main Road in Southold. Once calendared, our Department will provide further instructions and a copy of the official legal notice which we will publish in the local newspaper, a yellow sign for you to post on your property notifying the public of the date and time of your hearing, and an area map showing the surrounding lots near your property that will require a certified mail notice from you with a cover letter. Later we will need completed affidavit forms confirming the mailings and posting.

### **Verification of Livable Floor Area by the Building Department**

Prior to your scheduled public hearing, the ZBA office will forward your application to the Building Department for verification of the livable floor area of your proposed accessory apartment which by code must not be less than 450 square feet or exceed 750 square feet in size. If the Building Department determines that the livable floor area is not conforming to the code, you will be required to fill out an application for an area variance from the ZBA stating the reasons why relief is necessary. The Board of Appeals will consider the variance request as part of the Special Exception application and will not require the applicant to pay an additional fee. The Special Exception and area variance requests will be legally noticed together for a public hearing Please note that while the Board of Appeals does not require architectural drawings prepared and stamped by a licensed professional to review your Special Exception Permit application, if your request is granted, the Building Department will require them to issue a Building Permit.

### **Site Inspection**

Also prior to your scheduled public hearing, the ZBA office will call you to set up an appointment for Members of the Board of Appeals to conduct an interior site inspection of your proposed accessory apartment.

### **Obtaining a CO and Permit Renewal**

Please be aware that an inspection and issuance of a Certificate of Occupancy from the Building Inspector is required by code before an accessory apartment may be lawfully occupied. Also, an accessory apartment permit is not transferable to a future owner, so any future owner must reapply to the ZBA. In addition, an annual renewal inspection is required by the Building Department

**PLEASE NOTE:** It is the applicant/agent's responsibility to review the contents of their ZBA office file for updates on any correspondence received from neighbors and/or agencies such as LWRP, County Planning, Trustees, Town Planning, etc. prior to the date of any scheduled public hearing. Applicants and/or Agents must also be prepared to present the merits of their application to the Board of Appeals at the public hearing, based upon the standards contained in the Southold Town code which the Board will use to make a determination on your application. The relevant sections of the code, which may be found on the Town's website and which are referred to in the application form itself include: Section §280-4 (Definitions: Accessory Apartment, Family Member, Livable Floor Area, Rental Permit) Section §280-13(B)(13)(a)-(k) and Sections §280-142 and §280-143.

*Please feel free to call our Department at any time if you have any questions concerning these procedures. THANK YOU*

**TOWN OF SOUTHOLD  
ZONING BOARD OF APPEALS  
Phone (631) 765-1809 (631) 765-9064**

**APPLICATION FOR A SPECIAL EXCEPTION PERMIT FOR AN  
ACCESSORY APARTMENT IN AN ACCESSORY BUILDING**

Application No.: \_\_\_\_\_

Date Filed: \_\_\_\_\_

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Applicant(s) Name(s) \_\_\_\_\_

Applicant(s) Address \_\_\_\_\_

(House No., Street, Hamlet, Zip Code and mailing address if different from physical address)

Applicant(s) phone number(s) \_\_\_\_\_

I/we are the owners of the subject property

I am the agent for the property owner and my Letter of Authorization and Transactional Disclosure Form is attached.

A. Statement of Ownership and Interest:

\_\_\_\_\_ is (are) the owner(s) of the property known and referred to as

\_\_\_\_\_

House No.	Street	Hamlet	Zip Code
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Identified on the Suffolk County Tax Maps as District 1000, Section \_\_\_\_ Block \_\_\_\_  
Lot(s) \_\_\_\_\_ Lot Size \_\_\_\_ Zone District \_\_\_\_\_ as shown on the attached deed and survey

The above-described property was acquired by the owner(s) on \_\_\_\_\_

I/we hereby apply to the Zoning Board of Appeals for a Special Exception Permit pursuant to Section §280-13B(13) of the Zoning Ordinance to establish an accessory apartment in an accessory building as shown on the attached survey/site plan and floor plan(s)

B. Project Description:

C. The applicant alleges that the approval of this special exception would be in harmony with the intent and purpose of said zoning ordinance, and that the proposed use conforms to the standards prescribed therein and would not be detrimental to property or persons in the neighborhood for the following reasons:

- D. The applicant alleges that the following standards prescribed by Section §280-13(B)(13)(a)-(k) of the zoning ordinance will be met:
- a. The accessory apartment will be located in the accessory building.
  - b. The owner of the premises shall occupy either the existing single-family dwelling or the accessory apartment in the detached accessory structure as the owners' principal residence. The other dwelling unit shall be occupied by a family member as defined in Section §280-4 of the code or a resident who is currently on Southold Town's Affordable Housing registry and is eligible for placement, evidenced by a written lease, for a term of one or more years.
  - c. The accessory apartment shall contain no less than 450 square feet and does not exceed 750 square feet of livable floor as defined in Section §280-4 of the code
  - d. The accessory apartment will be located on one floor of the accessory building and will contain only one full bathroom.
  - e. A minimum of three on-site parking spaces shall be provided as shown on the attached survey.
  - f. Not more than one (1) accessory apartment shall be permitted on this parcel.
  - g. No Bed and Breakfast facilities, as authorized by Section §280-13(B)(14) hereof shall be permitted in or on the premises for which an accessory apartment is authorized or exists.
  - h. The accessory apartment will meet the requirements of a dwelling unit as defined in Section 280-4 of the Zoning Code.
  - i. This conversion shall be subject to a building permit, inspection by the Building Inspector and Renewal of Certificate of Occupancy annually.
  - j. The existing accessory building which is converted to permit this accessory apartment has been in existence and has a valid Certificate of Occupancy issued prior to January 1, 2008, and is attached hereto.
  - k. The existing building, together with this accessory apartment, shall comply with all other requirements of Chapter §280 of the Town Code of the Town of Southold.
  - l. This conversion for the accessory apartment shall comply with all other rules and regulations of the New York State Construction Code and other applicable codes.

- E. The property which is the subject of this application (*check all that apply*):
- has not changed since the issuance of the attached Certificates of Occupancy
  - has changed or received additional building permits. Certificates of Occupancy for these changes are attached or will be furnished
  - has been the subject of a prior ZBA decision(s), copies are attached

\_\_\_\_\_  
Owner Signature

COUNTY OF SUFFOLK)  
ss.:  
STATE OF NEW YORK)

Sworn to before me this            day of            , 20

\_\_\_\_\_  
(Notary Public)

**QUESTIONNAIRE  
FOR FILING WITH YOUR ZBA APPLICATION**

- A. Is the subject premises listed on the real estate market for sale?  
\_\_\_\_\_Yes      \_\_\_\_\_No
- B. Are there any proposals to change or alter land contours?  
\_\_\_\_\_No      \_\_\_\_\_Yes please explain on attached sheet. \_\_\_\_\_
- C. 1.) Are there areas that contain sand or wetland grasses?\_\_\_\_\_
- 2.) Are those areas shown on the survey submitted with this application?\_\_\_\_\_
- 3.) Is the property bulk headed between the wetlands area and the upland building area?\_\_\_\_\_
- 4.) If your property contains wetlands or pond areas, have you contacted the Office of the Town trustees for its determination of jurisdiction?\_\_\_\_\_Please confirm status of your inquiry or application with the Trustees:\_\_\_\_\_and if issued, please attach copies of permit with conditions and approved survey.
- D. Is there a depression or sloping elevation near the area of proposed construction at or below five feet above mean sea level?\_\_\_\_\_
- E. Are there any patios, concrete barriers, bulkheads or fences that exist that are not shown on the survey that you are submitting?\_\_\_\_\_Please show area of the structures on a diagram if any exist or state none on the above line.
- F. Do you have any construction taking place at this time concerning your premises?\_\_\_\_\_If yes, please submit a copy of your building permit and survey as approved by the Building Department and please describe:\_\_\_\_\_
- G. Please attach all pre-certificates of occupancy and certificates of occupancy for the subject premises. If any are lacking, please apply to the Building Department to either obtain them or to obtain an Amended Notice of Disapproval.
- H. Do you or any co-owner also own other land adjoining or close to this parcel?\_\_\_\_\_If yes, please label the proximity of your lands on your survey.
- I. Please list present use or operations conducted at this parcel \_\_\_\_\_ and the proposed use \_\_\_\_\_  
\_\_\_\_\_. (ex: existing single family, proposed: same with garage, pool or other)

\_\_\_\_\_  
Authorized signature and Date

**AGRICULTURAL DATA STATEMENT  
ZONING BOARD OF APPEALS  
TOWN OF SOUTHOLD**

**WHEN TO USE THIS FORM:** *This form must be completed by the applicant for any special use permit, site plan approval, use variance, area variance or subdivision approval on property within an agricultural district OR within 500 feet of a farm operation located in an agricultural district. All applications requiring an agricultural data statement must be referred to the Suffolk County Department of Planning in accordance with Section 239m and 239n of the General Municipal Law.*

1. Name of Applicant: \_\_\_\_\_
2. Address of Applicant: \_\_\_\_\_
3. Name of Land Owner (if other than Applicant): \_\_\_\_\_
4. Address of Land Owner: \_\_\_\_\_
5. Description of Proposed Project: \_\_\_\_\_  
\_\_\_\_\_
6. Location of Property: (road and Tax map number) \_\_\_\_\_
7. Is the parcel within 500 feet of a farm operation? { } Yes { } No
8. Is this parcel actively farmed? { } Yes { } No
9. Name and addresses of any owner(s) of land within the agricultural district containing active farm operations. Suffolk County Tax Lot numbers will be provided to you by the Zoning Board Staff, it is your responsibility to obtain the current names and mailing addresses from the Town Assessor's Office (765-1937) or from the Real Property Tax Office located in Riverhead.

NAME and ADDRESS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(Please use the back of this page if there are additional property owners)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

**Note:**

1. The local Board will solicit comments from the owners of land identified above in order to consider the effect of the proposed action on their farm operation. Solicitations will be made by supplying a copy of this statement.
2. Comments returned to the local Board will be taken into consideration as part as the overall review of this application.
3. Copies of the completed Agricultural Data Statement shall be sent by applicant to the property owners identified above. The cost for mailing shall be paid by the Applicant at the time the application is submitted for review.

**617.20**  
**Appendix B**  
**Short Environmental Assessment Form**

**Instructions for Completing**

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<b>NO</b>	<b>YES</b>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<b>NO</b>	<b>YES</b>
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				



18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____	<b>NO</b>	<b>YES</b>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ _____	<b>NO</b>	<b>YES</b>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ _____	<b>NO</b>	<b>YES</b>
<b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b> Applicant/sponsor name: _____ Date: _____ Signature: _____		

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2.** Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	<b>No, or small impact may occur</b>	<b>Moderate to large impact may occur</b>
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

**Board of Zoning Appeals Application**

**AUTHORIZATION**

(Where the Applicant is not the Owner)

I, \_\_\_\_\_ residing at \_\_\_\_\_  
(Print property owner's name) (Mailing Address)

\_\_\_\_\_ do hereby authorize \_\_\_\_\_  
(Agent)

\_\_\_\_\_ to apply for variance(s) on my behalf from the

Southold Zoning Board of Appeals.

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Print Owner's Name)

**AGENT/REPRESENTATIVE**  
**TRANSACTIONAL DISCLOSURE FORM**

**The Town of Southhold's Code of Ethics prohibits conflicts of interest on the part of town officers and employees. The purpose of this form is to provide information which can alert the town of possible conflicts of interest and allow it to take whatever action is necessary to avoid same.**

**YOUR NAME :** \_\_\_\_\_  
(Last name, first name, middle initial, unless you are applying in the name of someone else or other entity, such as a company. If so, indicate the other person's or company's name.)

**TYPE OF APPLICATION: (Check all that apply)**

Tax grievance _____	Building Permit _____
Variance _____	Trustee Permit _____
Change of Zone _____	Coastal Erosion _____
Approval of Plat _____	Mooring _____
Other (activity) _____	Planning _____

**Do you personally (or through your company, spouse, sibling, parent, or child) have a relationship with any officer or employee of the Town of Southhold? "Relationship" includes by blood, marriage, or business interest. "Business interest" means a business, including a partnership, in which the town officer or employee has even a partial ownership of (or employment by) a corporation in which the town officer or employee owns more than 5% of the shares.**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If you answered "YES", complete the balance of this form and date and sign where indicated.**

**Name of person employed by the Town of Southhold** \_\_\_\_\_

**Title or position of that person** \_\_\_\_\_

**Describe the relationship between yourself (the applicant/agent/representative) and the town officer or employee.**

**Either check the appropriate line A) through D) and/or describe in the space provided.**

**The town officer or employee or his or her spouse, sibling, parent, or child is (check all that apply) :**

- \_\_\_\_\_ **A) the owner of greater than 5% of the shares of the corporate stock of the applicant (when the applicant is a corporation)**
- \_\_\_\_\_ **B) the legal or beneficial owner of any interest in a non-corporate entity (when the applicant is not a corporation)**
- \_\_\_\_\_ **C) an officer, director, partner, or employee of the applicant; or**
- \_\_\_\_\_ **D) the actual applicant**

**DESCRIPTION OF RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_

**Submitted this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**APPLICANT/OWNER  
TRANSACTIONAL DISCLOSURE FORM**

The Town of Southhold's Code of Ethics prohibits conflicts of interest on the part of town officers and employees. The purpose of this form is to provide information which can alert the town of possible conflicts of interest and allow it to take whatever action is necessary to avoid same.

YOUR NAME : \_\_\_\_\_  
(Last name, first name, middle initial, unless you are applying in the name of someone else or other entity, such as a company. If so, indicate the other person's or company's name.)

**TYPE OF APPLICATION: (Check all that apply)**

Tax grievance _____	Building Permit _____
Variance _____	Trustee Permit _____
Change of Zone _____	Coastal Erosion _____
Approval of Plat _____	Mooring _____
Other (activity) _____	Planning _____

Do you personally (or through your company, spouse, sibling, parent, or child) have a relationship with any officer or employee of the Town of Southhold? "Relationship" includes by blood, marriage, or business interest. "Business interest" means a business, including a partnership, in which the town officer or employee has even a partial ownership of (or employment by) a corporation in which the town officer or employee owns more than 5% of the shares.

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered "YES", complete the balance of this form and date and sign where indicated.

Name of person employed by the Town of Southhold \_\_\_\_\_

Title or position of that person \_\_\_\_\_

Describe the relationship between yourself (the applicant/agent/representative) and the town officer or employee. Either check the appropriate line A) through D) and/or describe in the space provided.

The town officer or employee or his or her spouse, sibling, parent, or child is (check all that apply) :

- \_\_\_\_\_ A) the owner of greater than 5% of the shares of the corporate stock of the applicant (when the applicant is a corporation)
- \_\_\_\_\_ B) the legal or beneficial owner of any interest in a non-corporate entity (when the applicant is not a corporation)
- \_\_\_\_\_ C) an officer, director, partner, or employee of the applicant; or
- \_\_\_\_\_ D) the actual applicant

**DESCRIPTION OF RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_

Submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_