



# GUEST HOUSE AFFIDAVIT

Permit # \_\_\_\_\_

Division of Zoning & Development Services  
Fauquier County Department of Community Development  
16 Courthouse Square, Suite 100, Warrenton, Virginia 20186

Zoning Phone: 540-422-8220  
Facsimile: 540-422-8231

The Fauquier County Zoning Ordinance allows a Guest House as an accessory structure on parcels at least 2 acres in size. The Guest House must:

- be without kitchen facilities; and
- used only for the occasional housing of guests of the residents of the principal structure.

**A guest house may not be used as a RENTAL UNIT or for LONG-TERM or PERMANENT OCCUPANCY.**

By completing the following affidavit, you are swearing that the proposed structure is a guest house as defined by the Fauquier County Zoning Ordinance. You acknowledge that kitchen facilities are not allowed, that the building will be utilized only for the occasional housing of guests of residents of the principal structure, and that the structure cannot be rented or utilized for long-term or permanent occupancy.

**In addition to being subject to other legal remedies, building a structure permitted under the Zoning Ordinance as a guest house and then utilizing it as a dwelling unit for occupancy is a criminal violation pursuant to Section 13-602(1) of the Zoning Ordinance, a misdemeanor which, upon conviction thereof, shall be punished by a fine of not less than \$10 and not more than \$1,000. Each date that a violation continues shall be deemed a separate offense.**

Presentation of a false affidavit may also constitute violation of other state laws which may be punishable separately. The staff at the Zoning/Development Services counter can provide notary services for this form.

Print Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fauquier County Property Identification Number: \_\_\_\_\_

\_\_\_\_\_  
Affiant/Property Owner

\_\_\_\_\_  
Affiant/Property Owner

STATE OF VIRGINIA  
COUNTY OF \_\_\_\_\_, TO WIT:

I, the undersigned Notary Public in and for the jurisdiction aforesaid do hereby certify that

\_\_\_\_\_, whose name(s) is (are) signed to the above Affidavit, did

acknowledge the same before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_