

## AFFIDAVIT REGARDING PRIVATE ON-SITE WASTE TREATMENT SYSTEM (POWTS) SIZE

**Black Ink Only**

Document Number/Plan I.D. No	This affidavit is made by the owner to acknowledge a deficiency with the POWTS and inform any subsequent owners of the occupancy limitations for this structure.
Parcel Identifier Number (PIN)	Affidavit Date
Governmental Unit  PORTAGE COUNTY PLANNING & ZONING DEPT ONSITE WASTE SECTION	Owner(s)
I (we) owner(s) acknowledge that application is being made to (add to) (replace) a structure in excess of the design capacity of the POWTS which currently serves the structure on the following property (provide legal land description). Use a second sheet if additional space is needed.  _____ _____ _____ _____	Return to: Portage County Zoning/Onsite Waste Section

It has been determined that the private sewage system (or components thereof) on the above described parcel of land is not adequately sized to accommodate the number of bedrooms in the dwelling served or to be served. To resolve this situation without replacing the private sewage system at this time, the owner(s) of the above described property agree to the following:

1. It is agreed that occupancy of this dwelling shall be limited to a maximum of \_\_\_\_\_ persons.
2. Occupancy exceeding this number may constitute a violation of State and County private sewage system regulations. Governmental Unit may issue orders and/or may commence legal action if at any time it is determined that occupancy exceeds the listed number contrary to this agreement.
3. It is understood that when the existing POWTS fails it shall be replaced with a property sized, code compliant private sewage system. This information is on file in the office of the Portage County Planning & Zoning Department., Onsite Waste Section.
4. This Agreement is binding upon the Owner and his/her heirs, successors, and assigns. The Owner shall have this Agreement filed and recorded with the Portage County Register of Deeds in a manner which will permit the existence of the Agreement to be determined by reference to the Property containing the sewage system.
5. This Agreement will remain in effect until Governmental Unit, which is responsible for the issuance of sanitary permits for POWTS, certifies that this restriction is no longer required.

**Black Ink Only**

Owner(s) Name(s) – <b>Please Print:</b> _____ _____	Subscribed and sworn to before me on this date: _____	Governmental Unit Official Name – <b>Please print:</b>
Owner(s) <b>Notarized</b> Signature(s): _____ _____	Notary Public (Signature)	Governmental Unit Official Title – <b>Please Print:</b>
	My Commission Expires: _____	Governmental Unit Official Signature:
<b>SEAL REQUIRED</b>		

Drafted by: \_\_\_\_\_

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