Town of SNOWMASS Village

NOTICE OF REGISTRATION
ACCESSORY CARETAKER UNIT

OWNER(S): _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY DESCRIPTION

SUBDIVISION: _____ LOT NUMBER: _____

STREET ADDRESS: _____

MAXIMUM ALLOWABLE FLOOR AREA FOR LOT: _____

MAIN RESIDENCE FLOOR AREA: _____ ACU FLOOR AREA: _____

I have read and accept the regulations pertaining to an Accessory Caretaker Unit (ACU) contained in Section 16A-3-230 of the Town of Snowmass Village Municipal Code (Code). I understand that this Notice of Registration will be recorded with the Pitkin County Clerk and Recorder and shall be valid for the existence of the ACU. I acknowledge being given a copy of the applicable Code provisions.

_____	_____	_____
Owner(s) Name	Owner(s) Signature	Date

The ACU described above is accepted for registration by the Town of Snowmass Village.

_____	_____
Planning Director	Date