



# CITY OF PARKLAND

## PLANNING & ZONING DEPARTMENT

6600 University Drive  
Parkland, Florida 33067  
Office: (954) 753-5040 • Fax: (954) 341-5161  
www.cityofparkland.org

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

City of Parkland Planning and Zoning Department  
6600 University Drive  
Parkland, Florida 33067

Attention: Planning and Zoning Department  
Permit # \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ affirm that I am the owner of the property located at \_\_\_\_\_ with the legal description as follows \_\_\_\_\_ and hereby certify that the Guest Suite to be built on my property is solely for the use of my family and will not be rented at any time. I am writing this letter to conform to the City of Parkland's Declaration of Restricted Covenants restricting guest suite to use of property owner only and affirm that violation of this restrictive covenant shall constitute a violation of the City Code. This resolution shall run with and bind the land and all future owners and \_\_\_\_\_ to the benefit of the City of Parkland. The undersigned agrees to pay a reasonable attorney's fee incurred by the City if it is required to take action to enforce the terms hereof. This covenant shall be recorded and run with and bind the land and all future owners of the land and successors and assigns of the undersigned.

### AFFIRMED AND AGREED

Witness Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Witness Named \_\_\_\_\_

Witness Named \_\_\_\_\_

Notary Public:

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ . He/She is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

\_\_\_\_\_  
(Signature of Notary)

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

\_\_\_\_\_  
(Name – Must be typed, printed, or stamped)

(NOTARY'S SEAL OR STAMP)