

# RESIDENCE AFFIDAVIT

# ZTRHP1-B

City of Madison  
Building Inspection Division: Zoning Dept.  
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## PRIMARY RESIDENCE • ZTRHP1 PERMIT

FOR OFFICE USE ONLY:

ZTRHP1- \_\_\_\_\_ - \_\_\_\_\_

Received Date \_\_\_\_\_

ZTRHP1-B form approval by \_\_\_\_\_ Date \_\_\_\_\_

## NOTARIZED RESIDENCE AFFIDAVIT: Each Host and Cohost Must Submit a Separate Affidavit

### 1. LOCATION: of Tourist Rooming House

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

### 2. DEFINITION: Primary Residence

According to City of Madison Ordinance 28.211, a Primary Residence is defined as a dwelling unit that serves as an individual's true, fixed and permanent home for at least 183 days in a calendar year and to which, whenever absent therefrom, that individual intends to return. Additional characteristics of a primary residence include, but are not limited to, where an individual receives mail, claims residence for purposes of voter registration, pays for utilities, and lists as their address on state issued identification cards. An individual can have only one primary residence.

### 3. DEFINITION: Primary Residence

I attest,

By signing below, I, \_\_\_\_\_ (Printed Name), swear or affirm under oath that I am the owner or tenant of the dwelling unit listed above, that this is my primary residence as defined above, and it has been my primary residence continuously since \_\_\_\_\_. I acknowledge that I am to notify the City of Madison Zoning Department within three (3) days if for any reason this address is no longer considered my primary address. I understand that my short term rental license may be revoked if I am found to not be in compliance with city ordinances and in which penalties may be incurred.

I understand that the statement made above regarding my primary residence is required by Madison General Ordinance Sec. 9.29 and Sec. 28.151 in order to receive a tourist room house permit in the City of Madison. I further understand that pursuant to Wisconsin Statute 946.32 any person who, under oath, knowingly makes a false statement when that statement is required by law is guilty of a Class H Felony. With this understanding, I swear or affirm under oath that I have carefully considered the contents of this Affidavit before signing and that the above statement regarding my primary residence is true.

Operator Signature: \_\_\_\_\_

Operator Printed Name: \_\_\_\_\_

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

Subscribed and sworn to me before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

Notary Public