



DEPARTMENT OF COMMUNITY, HOUSING, PLANNING AND DEVELOPMENT
Zoning Division
2100 Clarendon Boulevard, Suite 1000 Arlington, VA 22201

FAMILY/CAREGIVER SUITE RECORD

LOCATION \_\_\_\_\_

APPLICANT \_\_\_\_\_
(Principal Occupant of Main Dwelling)

Address: \_\_\_\_\_

Phone/E-mail: \_\_\_\_\_ / \_\_\_\_\_

PLAN REVIEW CRITERIA

- Floor plan filed with Zoning Administrator
Suite is integral part of dwelling with interior access
Not more than 2 rooms (plus bathroom & efficiency kitchen)
GFA not more than 500 square feet
No separate utility service
Not more than 1 main entrance to dwelling
No new entrance on same side as existing main entrance

COVENANT

- Format accepted
Date recorded

ADDRESS - same as principle dwelling \_\_\_\_\_

OCCUPANCY - Maximum of two persons related by blood or marriage to principal occupant of dwelling or two unrelated persons at least one of whom provides care for children of principal occupant or for elderly or disabled occupant:

- Related
Mother
Father
Son
Daughter
Sister
Brother
Spouse



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Grandparent

\_\_\_\_\_

Unrelated

Cares for children

\_\_\_\_\_

Cares for elderly

\_\_\_\_\_

Cares for disabled

\_\_\_\_\_

**DATE APPROVED** by Zoning Administrator

\_\_\_\_\_



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**FAMILY SUITE STATEMENT**

I, \_\_\_\_\_, certify that I am the owner of  
(printed name)  
the property located at \_\_\_\_\_,  
(address)  
Arlington Virginia. As part of my request for approval of a family/caregiver suite  
pursuant to Subsection 12.8.5 of the Arlington County Zoning Ordinance, I make the  
following statement.

The family/caregiver suite will be occupied by one/two person(s) who is/are not  
related to me, and who will be providing care for \_\_\_\_\_,

who is (choose one):

- an occupant of the main dwelling who is elderly \_\_\_\_\_
- an occupant of the main dwelling who is disabled \_\_\_\_\_
- a child or children of an occupant of the main dwelling \_\_\_\_\_.

\_\_\_\_\_  
(signature of owner)



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**DECLARATION OF COVENANTS**

THIS DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_ hereinafter known as "Declarant" and ARLINGTON COUNTY, VIRGINIA, by and through \_\_\_\_\_ its Zoning Administrator.

WHEREAS, the Declarant is the sole owner of certain real property located at \_\_\_\_\_ in Arlington County Virginia known as:

Lot \_\_\_\_\_ Block \_\_\_\_\_

Subdivision \_\_\_\_\_ as the same is duly dedicated, platted, and recorded in Deed Book \_\_\_\_\_ at Page \_\_\_\_\_, among the land records of Arlington County, Virginia.

WHEREAS, the Declarant desires to construct on aforesaid property a Family/ Caregiver Suite as defined in the Arlington County Zoning Ordinance,

WHEREAS, in order to effectuate the construction of said family suite on the aforesaid property, it is necessary to comply with certain zoning requirements and amendments thereto relating to Family/ Caregiver Suites adopted by the Arlington County Board Subsection 12.8.5 of the Zoning Ordinance.

NOW THEREFORE, Declarant, for and in consideration of the premises and the covenants contained herein does hereby agree to construct said Family/ Caregiver Suite, to be held, transferred, sold, conveyed and occupied subject to the covenants, restrictions, and conditions hereinafter set forth, which are for the purpose of protecting the value and desirability of the premises and shall run with the real property and be binding on all parties having any right, title, or interest in the described property or any part thereof, their successors and assigns, and shall inure to the benefit of each owner thereof.



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#### Article I

In the construction of a Family/ Caregiver Suite within the dwelling on the above premises, it shall consist of not more than two (2) rooms plus a bathroom and "efficiency" kitchen that are designed, arranged, used, or intended for occupancy by either (a) not more than two (2) persons who are related by blood or marriage to the principal occupants of the dwelling or (b) not more than two (2) persons who may be unrelated to the principal occupant of the dwelling, at least one (1) of whom provides care for one or more children of the principal occupant of the dwelling or care for or assistance to one (1) or more elders or person(s) with disabilities who are occupant(s) of the main dwelling. The suite shall be designed so that it can function as an integral part of the dwelling, although the occupants may live independently of each other.

#### Article II

In constructing this family/ caregiver suite, in order to meet zoning requirements for all family suites in all "R" Districts, not including "RA" Districts, subject to approval by the Zoning Administrator, the Declarant hereby covenants that the following conditions are binding on the declarant, his successors, and assigns:

- (1) Not more than one (1) family/ caregiver suite shall be permitted in the dwelling.
- (2) The gross floor area of the suite shall not exceed five hundred (500) square feet.
- (3) The suite shall have interior access to the rest of the dwelling.
- (4) The suite shall not have separate utility service (i.e., electric meter and water meter).
- (5) A floor plan of the suite that also identifies its relationship to the rest of the dwelling shall be filed with the Zoning Administrator.
- (6) The property owner shall record a covenant on the property which identifies the suite use and the restrictions imposed by the zoning ordinance.
- (7) The dwelling in which the suite is located shall have only one (1) main entrance and no new entrance shall be permitted on the same side of the structure as the existing main



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entrance of the dwelling.

- (8) There shall only be one (1) address for the property.
- (9) A family/caregiver suite shall not be permitted in a dwelling in which an accessory dwelling is located.
- (10) A written statement identifying the person who will provide the care and the kind of care that will be given must be filed in the office of the Zoning Administrator as to an unrelated resident of the family/caregiver suite.

IN WITNESS WHEREOF the following signatures and seals:

\_\_\_\_\_  
\_\_\_\_\_

STATE OF VIRGINIA  
COUNTY OF ARLINGTON, to wit:

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

Notary \_\_\_\_\_

My Commission expires \_\_\_\_\_

APPROVED:

\_\_\_\_\_

Arlova Vonhm  
Zoning Administrator  
Arlington County, Virginia