

**ECHO HOUSING**

“I understand that this use has prescribed limitations that are imposed to protect the rural character of the Township. I also recognize that the elder cottage has specific Zoning Ordinance criteria and must be removed from the property within three (3) months after it is no longer occupied by a person who qualifies for the use. I agree to comply with the specific criteria and remove the elder cottage as required by the Zoning Ordinance.”

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Commonwealth of Pennsylvania ))

))

County of Lancaster ))

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_ personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

\_\_\_\_\_

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