



ACCESSORY DWELLING UNIT APPLICATION

Property Address: _____

Zone: _____ Subdivision: _____

Owner: _____

_____ Basement finish is for personal use only and not intended as living quarters.

- Type of ADU:
___ Basement Finish
___ Remodel of an approved accessory structure
___ New Accessory Structure

UBSR Case Number: _____ Approval Date: _____

Owner will occupy: ___ Primary Dwelling Unit ___ Accessory Dwelling Unit

If all four (4) criteria listed below are present, then the Town will determine your submittal to be an ADU and will require compliance with Title 17, Section 17.61, including a Deed Restriction to be filed with the County prior to the approval of your building permit and payment of Development impact Fees per Section 3.16.030.

Criteria:

- 1. ___ Provisions for living.
2. ___ A Kitchen, as defined as an area used for the preparation of food and includes a stove/cook top, range, oven, or one or more 220 volt or greater outlets or gas line connections.
3. ___ A 3/4 or full bathroom(s).
4. ___ A bedroom(s) or other area designed or designated for sleeping. This policy and code clarification use the terms 'bedroom,' 'sleeping room,' and 'facility for sleeping' interchangeably.

Square footage of entire home: _____ Square footage of Basement Finish: _____

Square footage of new ADU structure or new ADU exterior addition: _____

Reception number of deed Restriction: _____

Is a new entrance being added to the exterior of the home to provide access to the ADU? ___ Yes ___ No

Is the New entrance facing the street? ___ Yes ___ No

I certify that the information and exhibits herewith submitted are true and accurate to the best of my knowledge.

Owner's Name (print) _____ Date _____

Owner's signature _____

Owner's Name (print) _____ Date _____

Owner's signature _____