

Received Stamp



City of Roslyn
Planning Department
100 E. Pennsylvania Ave.
PO Box 451
Roslyn, WA 98941
509-649-3105
FAX 509-649-3174
roslynplanning@inlandnet.com

Accessory Dwelling Unit Permit Application Checklist

FOR STAFF USE ONLY

| File No.: | Received By: | Date Received: | Date Complete: |
|--|---|----------------|----------------|
| Applicant City NA | The following is a list of materials which are required for a complete application. Consult with the Planning Department if you have any questions. | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 1. Master Permit Application | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 2. Accessory Dwelling Unit Permit Application | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 3. The Accessory Dwelling Unit Permit fee; | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 4. A vicinity map extending at least 800 feet in each direction from the property. The vicinity map shall be drawn to scale of one inch equals 800 feet. | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 5. Site plan of property with all structures, property lines, streets, and alleys with locations and dimensions of all vehicular points of access, traffic circulation and parking facilities, pedestrian entrances and exits, walls and fences, and nearest fire hydrant, both existing and planned. | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 6. Elevation drawings of the accessory dwelling unit from the alley and the street. | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 7. Letter from the applicant or his/her applicant explaining the reason for requesting the Accessory Dwelling Unit permit. | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 8. Copy of existing or proposed covenants or restrictions. | | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 9. SEPA Checklist. | | |

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Accessory Dwelling Unit Application

This form must be completed (clearly printed or typed) and submitted to the City with the Master Permit application and any other permit applications and associated application materials as required on the attached application checklist(s), as well as all fees as determined by the Planning Official. If you have questions or need more information, please contact the Planning Department at (509) 649-3105 or roslynplanning@inland.net.

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| | | | |
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Owner Name: _____ Owner Phone #: _____

Owner Mailing Address: _____

Site Address: _____

Assessor / Tax Parcel Number(s): _____

The proposed accessory dwelling unit will be: located within the primary dwelling unit
 located within a detached structure on the same lot as that of the primary unit
 located within a detached garage structure on the same lot as that of the primary dwelling unit

The total square footage of the primary dwelling unit: _____

The total square footage of the proposed ADU (including any proposed garage area if within a detached structure): _____

If proposed ADU will be located above, or within a detached garage structure, please provide square footage of the garage area only: _____

Are there any interior or exterior modifications proposed to the primary dwelling unit / detached structure? Please explain. (attach additional page if necessary).

How many off-street parking spaces, including those in a garage, currently exist on site? _____

Where will the entrance to the accessory dwelling unit be located? _____

Please note that site plan and elevation drawings are required at submittal. Site plan must be drawn to minimum scale of 1" (one inch) = 20' (twenty feet).

Please read the home ADU requirements in RMC 12.105.030 and sign below.

I have read and understand that failure to comply with the accessory dwelling unit requirements as listed in RMC 12.105.030 is ground for immediate revocation of the accessory dwelling unit permit. I certify that I am the owner of this residence and have read and understand all applicable City requirements.

I certify under the penalty of perjury under laws of the State of Washington that the above information is true and correct.

Owner's Signature:

Owners printed name:

Date:

FOR STAFF USE ONLY

| Planning Dept. | Date: Initials: | Building Dept. | Date: Initials: | Fire Dept. | Date: Initials: |
|-----------------------|----------------------------|-----------------------|----------------------------|-------------------|----------------------------|
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