



# ACCESSORY DWELLING UNIT

Planning and Economic Development Department  
200 NE Moe Street | Poulsbo, Washington 98370  
(360) 394-9748 | fax (360) 697-8269  
www.cityofpoulsbo.com | plan&econ@cityofpoulsbo.com

For additional information on submittal and review requirements, refer to the [Accessory Dwelling Unit Handout](#) and Poulsbo Municipal Code (PMC) [18.70.070 A](#). For a detailed description of the Type I review process, refer to PMC [Title 19](#) (Project Permit Application Procedures).

PROJECT		
Project Name:		
Project Address:		
Tax Assessor's ID:		
Legal Description (attach additional sheet if necessary):		
Comp Plan Designation:	Zoning Designation:	
Size of Property (Sq. Ft.):		
Are there any critical areas on the property? (wetlands, steep slopes, streams, etc.)	YES	NO
APPLICANT/PROJECT CONTACT:		
Name:	Phone:	
Address:		
Email:		
Signature:		
PROPERTY OWNER (IF DIFFERENT):		
Name:	Phone:	
Address:		
Email:		
Signature:		
ACCESSORY DWELLING UNIT		
<i>Total square footage of each use</i>		
Primary Residence:		
Accessory Dwelling Unit:		
Any other habitable structure on the site:		

## APPLICATION SUBMITTAL REQUIREMENTS

If a pre-application conference was held for your project, please refer to your pre-app summary letter for specific submittal requirements in addition to the requirements listed below. Also, please note that the requested submittal items are based on information that was available to staff at the time of pre-app submittal or other preliminary review. Additional or revised plans, reports and other information may be required to complete the project review.

Application Fees and Deposits Per [Resolution 2017-03](#).

**Three** complete sets of site plan drawings.

*Please Note:*

- Plans must be drawn at an engineering scale that allows each plan to fit on one sheet.
- Plans shall be folded upon submittal
- All buildings and structures shall be dimensioned
- All information shall be legible

*Site plan drawings shall show:*

- Project name, plan date, and/or revision date.
- Name and phone number of preparer.
- North arrow and bar scale.
- Floor plan of ADU, including labels of all rooms and proposed uses.
- Dimensions of the subject property, and of all existing and proposed buildings (including ADU) and other structures within the property.
- Structures and driveways within the property.
- Existing and proposed easements, and any encroachments, on the property.
- Existing and proposed road and utilities serving the property.
- Existing and proposed vehicular parking areas for primary residence and ADU
- Critical areas as indicated in [PMC 16.20.110](#), located on or within 75 ft of the property.
- Streets adjacent to, surrounding or intended to serve the property.
- Zoning of adjacent properties.

Completed [SEPA environmental checklist](#) (if required)

Administrative Conditional Use Permit supplemental sheet (if required)

Habitat Management Plan. See [PMC 16.20.730](#) (if required)

Geological or geotechnical report. See [PMC 16.20.735](#). (if required)

Wetland report. See [PMC 16.20.725](#). (if required)

Hydrogeological report. See [PMC 16.20.740](#). (if required)

One electronic version of all submitted materials in PDF format (CD, thumb drive, or via e-mail)

Notarized property owner and/or applicant signature page (attached)

Any other information/documents:





**PROPERTY OWNER'S SIGNATURE (if other than applicant/agent):**

I, the undersigned, state that, to the best of my knowledge, all the information provided for this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Print Name of Owner

STATE OF WASHINGTON)

) SS

COUNTY OF KITSAP )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_ to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the  
State of Washington Residing at

\_\_\_\_\_  
Commission Expires \_\_\_\_\_