

# **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 new Accessory Dwelling Unit (ADU) that is located internal to the primary residence (e.g., basement) and in which no increase in square footage of the residence is proposed, an ADU permit is required and will be processed as a Type I permit pursuant to Title 19. This includes conversion of non-living space (e.g., garage) converted to living area in order to accommodate the ADU; provided that no increase in total square footage of the residence is proposed.

For a new internal and/or attached ADU in which an increase in square footage of the residence is proposed or for a new detached ADU (including detached accessory structure or garage), or conversion of an existing detached structure or detached garage, an administrative conditional use permit is required (Type II process per Title 19).

PROJECT:			
Project Name:			
Project Address:			
Tax Assessor's ID:			
Legal Description (attach additional sheet if necessary):			
	I		
Comp Plan Designation:	Zoning Designation:		
Size of Property (Sq. Ft.):			
Are there any critical areas on the property? (wetlands, steep slopes, st	treams, etc.)		
APPLICANT/PROJECT CONTACT:			
Name:	Phone:		
Address:			
Email:			
PROPERTY OWNER (IF DIFFE	ERENT):		
Name:	Phone:		
Address:			
Email:			
ACCESSORY DWELLING UNIT			
Type of ADU:			
☐ New detached structure ☐ Internal or atta	ached with expansion of square feet		
☐ Conversion of an existing detached structure ☐ Internal with no expansion of square feet			
Total square footage of each use:			
Primary Residence: Accessory Dwelling Unit: An	y other habitable structure on the site:		

#### **ACUP REVIEW CRITERIA**

Only fill out if proposing new internal and/or attached ADU in which an increase in square footage of the residence is proposed or for a new detached ADU (including detached accessory structure or garage), or conversion of an existing detached structure or detached garage

detached structure or detached garage			
1.	Explain how the conditional use will not be materially detrimental to uses or property in the immediate vicinity of the subject property.		
2.	Explain how the design is compatible with and responds to the existing or intended character, appearance, quality of development and physical characteristics of the subject property and immediate vicinity.		
3.	Explain how the conditional use will be served by adequate public facilities including streets, fire protection and utilities.		
4.	Explain how the conditional use complies with all applicable requirements of this code.		



#### **APPLICATION SUBMITTAL REQUIREMENTS** Please submit your application via email to plan&econ@cityofpoulsbo.com. **Application Fees and Deposits** Site Plan Drawings Please Note: 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) Habitat Management Plan. See PMC 16.20.730 (if required) П 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) Notarized property owner and/or applicant signature page (attached) Any other information/documents:



### **SIGNATURES:**

I, the undersigned, state that, to the provided in this application is true and complete. In the nullify any decision made in reliance upon information there be any willful misrepresentation or willful lace.	nation given on this application form should
I hereby authorize City of Poulsbo reproperty Monday-Friday between the hours of 8:00 application process.	epresentative(s) to inspect the subject am and 4:00 pm during this permit
	Signature of Applicant/Agent
	Print Name of Applicant/Agent
STATE OF WASHINGTON) ) SS COUNTY OF KITSAP )	
On this day of, 20 be and for the State of Washington, duly commissioned described in and who executed the within and fine/she/they signed the same as his/her/their free a purposes therein mentioned, and on oath stated that said instrument.	to me known to be the individual(s) foregoing instrument, and acknowledged that and voluntary act and deed, for the uses and
WITNESS my hand and official seal this	day of,
	NOTARY PUBLIC in and for the State of Washington Residing at
	Commission Expires

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

nullify any decision made in reliance upon informathere be any willful misrepresentation or willful lac	
	Signature of Property Owner
	Print Name of Owner
STATE OF WASHINGTON) ) SS COUNTY OF KITSAP	
On this day of, 20 be and for the State of Washington, duly commissioned described in and who executed the within and f he/she/they signed the same as his/her/their free a purposes therein mentioned, and on oath stated that said instrument.  WITNESS my hand and official seal this	to me known to be the individual(s) foregoing instrument, and acknowledged that and voluntary act and deed, for the uses and the/she/they was (were) authorized to execute
	NOTARY PUBLIC in and for the State of Washington Residing at
	Commission Expires