

# Accessory Dwelling Units (ADU)

## Supplemental Application



PO Box 1995 \* Vancouver, WA 98668-1995 \* www.cityofvancouver.us \* Phone: (360) 487-7802 Fax: (360) 487-7808

*Please review the submittal requirements. Incomplete applications will not be accepted.*

**What is the lot size where the ADU will be placed:** \_\_\_\_\_ sq ft

**Will the ADU be Attached or Detached to the main structure:** \_\_\_\_\_

**Is there a Home Occupation on site:**  Yes  No *If yes, please provide a floor plan of the main structure and ADU showing the use of all rooms, and a narrative explaining the nature of the business.*

**Will one of the units be owner occupied:**  Yes  No *Owner must maintain residence for a min of 6 months per year and receive no rent.*

### ZONING ITEMS

CODE ITEM (VMC 20.810)	PRIMARY UNIT	ACCESSORY UNIT (ADU)
<b>1. Maximum Unit Size</b> <i>(shall not exceed 40% of the gross floor area of the primary structure or 800 sq ft, whichever is less)</i>	Square ft. _____ X .40 = _____	_____ Allowed square footage _____ Proposed square footage
<b>2. Setbacks</b> a. Front b. Side c. Rear d. Street Side e. Garage	a. _____ b. _____ c. _____ d. _____ e. _____	a. _____ b. _____ c. _____ d. _____ e. _____
<b>3. Lot Coverage</b>	Primary + Outbuildings = _____ sq ft	Footprint of ADU = _____ sq ft
<b>4. Scale and Visual subordination</b> <i>(for detached and additions)</i>	What are the dimensions of the visual (front) elevation? _____	What are the dimensions of the front elevation? _____
<b>5. Parking Space</b> a. Is there space for an additional on-site parking space b. Is there a garage	a. Yes      No a. Yes      No	a. Yes      No a. Yes      No
<b>6. Design and Appearance</b> a. Roof Pitch b. Siding material c. Color d. Window Treatments	a. _____ b. _____ c. _____ d. _____	a. _____ b. _____ c. _____ d. _____

**Covenants:** Prior to occupancy the applicant must record a covenant in the Clark County's auditors office, approved by the planning official, stating the one of the dwelling units will continue to be occupied by the owner of the property as the owner's principal and permanent residence.

**Owner Occupancy Requirement:** The owner shall maintain residency for at least 6 months out of the year, and at no time receive rent for, or otherwise allow to be occupied the owner-occupied unit if absent for the remainder of the year.

# Accessory Dwelling Units (ADU)

## Supplemental Application



### BUILDING ITEMS

CODE ITEM	PRIMARY UNIT	ACCESSORY UNIT (ADU)
<p><b><u>Separate Utility Access and Shut-off</u></b>                      A separate heat source, water heater and electrical panel will be required for each unit.                      Emergency shut off valves for all of the above, plus gas is required for both units.                      (Show locations on floor plans)</p>	Heat: _____ Water: _____ Gas: _____ Elect: _____ Water Heater type: _____	Heat: _____ Water: _____ Gas: _____ Elect: _____ Water Heater type: _____
<p><b><u>One Hour Fire Rated Separation</u></b>                      Required between units and all common areas                      (Provide copy of tested assembly detail and clearly indicate location of all fire rated separations on the plans.)</p>	Rated wall assembly? Y <input type="checkbox"/> N <input type="checkbox"/> Rated floor/ceiling assembly? Y <input type="checkbox"/> N <input type="checkbox"/> Common Area's? Y <input type="checkbox"/> N <input type="checkbox"/> Rated Assembly Testing No.# _____ Testing Agency: _____	Rated wall assembly? Y <input type="checkbox"/> N <input type="checkbox"/> Rated floor/ceiling assembly? Y <input type="checkbox"/> N <input type="checkbox"/> Common Area's? Y <input type="checkbox"/> N <input type="checkbox"/> Rated Assembly Testing No.# _____ Testing Agency: _____
<p><b><u>One room shall be a minimum 120 square feet in size.</u></b>                      (Verify by providing scaled floor plans with permit submittal.)</p>	Provided? Y <input type="checkbox"/> N <input type="checkbox"/>	Provided? Y <input type="checkbox"/> N <input type="checkbox"/>
<p><b><u>A Minimum 50 STC, (sound transmission class), rating is required between units.</u></b>                      (Provide tested STC material with one hour fire separation details)</p>	Provided? Y <input type="checkbox"/> N <input type="checkbox"/>	Provided? Y <input type="checkbox"/> N <input type="checkbox"/>
<p><b>Does the proposed ADU involve existing habitable space?</b></p>	Y <input type="checkbox"/> N <input type="checkbox"/> <u>Explain:</u> _____	Y <input type="checkbox"/> N <input type="checkbox"/> <u>Explain:</u> _____

Separate handouts are available that provide a list of the minimum submittal requirements for Building and Plan Review. Specify whether the ADU is being created from existing space, such as an attic, basement or garage, or whether this will be an addition to existing footprint of the house.

*I/we understand that per VMC 20.210.090 (Review for Counter Complete Status), if it is determined that the application is not complete, the City shall immediately reject and return the application and identify in writing what is needed to make the application counter complete. It is the responsibility of the applicant/owner to comply with all private conditions, covenants and restrictions (CC&R's) associated with this property.*

*I/we agree that City of Vancouver staff may enter upon the subject property at any reasonable time to consider the merits*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_