

Accessory Dwelling Unit Supplemental Application



Please see the Residential Building Permit Application for submittal requirements.
Incomplete applications will not be accepted.

REQUIREMENTS

OCCUPANCY: Owner must maintain residence for a minimum of 6 months per year and at no time receive rent for the owner-occupied unit.

RECORDED COVENANT: Prior to occupancy the applicant must record a covenant in the Clark County's Auditor's Office, approved by the Planning Official, stating that one of the dwelling units will continue to be occupied by the owner of the property as the owner's principal and permanent residence.

ZONING ITEMS subject to VMC 20.810

	PRIMARY UNIT	ACCESSORY UNIT (ADU)								
LOT SIZE and PROPOSED CONFIGURATION	LOT~TOTAL SQ FT _____	<input type="checkbox"/> Attached or <input type="checkbox"/> Detached								
LOT COVERAGE	What is the total square footage of the footprint of the Primary Unit, including all outbuildings? _____	What is the total square footage of the footprint of the Proposed ADU? _____								
MAXIMUM UNIT SIZE <i>Shall not exceed 40% of the gross floor area of the primary structure or 800 square feet (whichever is less)</i>	SQ FT _____ x .40 = _____	Allowed Square Footage _____ Proposed Square Footage _____								
PARKING <i>Additional on-site parking is required; at least one legal space for the primary unit and one legal space for the ADU</i>	How many spaces will be retained for the primary unit? On-site or in the garage? _____	How many spaces will be set-aside for the ADU? On-site or in the garage? _____								
SCALE and VISUAL SUBORDINATION <i>New Detached and ADU Additions shall not comprise more than 40% of the total front elevation of the visible structure</i>	What are the dimensions of the visual (front) elevation, refer to building plans? _____ x _____	What are the dimensions of the visual (front) elevation, refer to building plans? _____ x _____								
DESIGN and APPEARANCE <i>Shall be the same as the primary unit</i> A. Roof Pitch B. Siding Material C. Color D. Window Treatments	A. <table border="1"><tr><td> </td></tr></table> B. <table border="1"><tr><td> </td></tr></table> C. <table border="1"><tr><td> </td></tr></table> D. <table border="1"><tr><td> </td></tr></table>					A. <table border="1"><tr><td> </td></tr></table> B. <table border="1"><tr><td> </td></tr></table> C. <table border="1"><tr><td> </td></tr></table> D. <table border="1"><tr><td> </td></tr></table>				

BUILDING ITEMS

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

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: _____