

★★★ NOTE: UPLOAD THIS FILE TO ADU PERMIT★★★

SPOKANE COUNTY DEPARTMENT OF BUILDING AND PLANNING
DETACHED ACCESSORY DWELLING UNIT APPLICATION

File No.: ADU- _____ - _____

PART A: CODE REQUIREMENTS FOR DETACHED ACCESSORY DWELLING UNITS

The Spokane County Zoning Code provides requirements for Detached Accessory Dwelling Units.

Code Requirements vary depending on the zone in which the property is located. Please check with a Planner at Spokane County to ensure you know the specific regulations that apply to your site.

PART B: CONTACT INFORMATION

Name of applicant: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Legal owner name and address: _____

PART C: SITE INFORMATION

Parcel Number: _____ Property address: _____

Lot Size: _____ Zoning: _____

Number and type of *other* Residential Structures on the Site: _____

What is the distance (in feet) from the Accessory Dwelling Unit to the Primary Dwelling Unit? _____

Is the lot located within a Rural Cluster Development? _____

PART D: STRUCTURE INFORMATION

1. Total footprint (square feet) of ADU? _____

2. How many bedrooms are proposed for the Accessory Dwelling Unit? _____

3. What will the slope of the pitched roof be? _____

4. What is the height of the Accessory Dwelling Unit? _____

PART E: CERTIFICATION

I CERTIFY THAT: (1) I AM THE OWNER OF RECORD OR AUTHORIZED AGENT FOR THE PROPOSED SITE; AND (2) ALL OF THE ABOVE RESPONSES AND THOSE ON SUPPORTING DOCUMENTS ARE MADE TRUTHFUL AND TO THE BEST OF MY KNOWLEDGE. I AGREE TO CONFORM TO REQUIREMENTS OF THE ACCESSORY DWELLING UNIT DEVELOPMENT STANDARDS AS DEFINED IN THE SPOKANE COUNTY ZONING CODE, ANY CONDITIONS IMPOSED UNDER THIS APPLICATION, AND ANY OTHER APPLICABLE, LAWS AND ORDINANCES.

I ALSO UNDERSTAND THAT THE PROPERTY WILL BE SUBJECT TO A TITLE NOTICE, TO BE RECORDED BY THE PLANNING DIVISION WHICH STATES THE FOLLOWING:

“The accessory dwelling unit located on this property may not be sold as a separate residence until such time as the accessory dwelling unit is located as the sole residence on a legally subdivided parcel.”

Signed: _____ Date: _____

DEPARTMENT OF BUILDING AND PLANNING PERSONNEL ONLY

PLANNING:

This ADU Complies with all Zoning Code requirements, including specific standards for ADUs.

File #: ADU- _____ - _____. Building Permit #: _____

ADU Title Notice Created and Sent to Auditor for Recording.

Approved ADU Site Plan Uploaded with Primary Dwelling and ADU clearly identified.

Approved Floor Plans and Elevation Drawings Uploaded.

Staff Signature: _____ Date: _____