



# Accessory Dwelling Unit Application

The Town of Timnath reserves the right to reject incomplete submittals, per the Code requirements. Please submit completed application and required materials for staff review prior to a meeting with the Community Development Department.

Please review section 4.4.1.6 in the Land Use Code to ensure the Accessory Dwelling Unit (ADU) meets code.

## OWNER/APPLICANT:

Name: \_\_\_\_\_

Contractor (if applicable): \_\_\_\_\_

Address of property: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note:** A plot plan is required for a complete application. Plot plans must include the location of the proposed ADU relevant to existing buildings on the property. Property lines, setbacks and access to the unit must be clearly marked. A "Will Serve" letter is required from the water sewer district servicing the property.

**What is the principal use of the lot?** \_\_\_\_\_

**Is the Accessory Dwelling Unit part of an accessory use?**  Yes  No **If yes, what use?** \_\_\_\_\_

**Square feet of Proposed Accessory Dwelling Unit (ADU):** \_\_\_\_\_

(The maximum allowed square footage is 850sqft)

**Setbacks:** North \_\_\_\_ South \_\_\_\_ East \_\_\_\_ West \_\_\_\_

**Zoning of Property:** \_\_\_\_\_

**ADU is under the same ownership as the principal dwelling?**  Yes  No

**Does the property owner currently live and plan to continue living on the property after completion of ADU?**  Yes  No

**Please ensure the following documents are including with the submittal:**

- Plot Plan (location of ADU relevant to existing buildings, property lines & setback, Water and Sewer services, and access to ADU)
- "Will Serve" letter from Water Sewer District
- Building Permit Application (Note: Building Permit cannot be issued until ADU is approved)
  - o If contractor is completing work, please submit application via Community Core.



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**Staff Approval Section:**

Accessory Dwelling Unit Application:  Approved  Denied  Revisions Required

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Planning Department  
970-224-3211

# LAND USE APPLICATION

<b>Project Name:</b>
_____
_____
_____

## I. Application is made for:

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative Plat \$50                    | <input type="checkbox"/> Planned Development Overlay \$500                  |
| <input type="checkbox"/> Administrative Waiver \$100                 | <input type="checkbox"/> Preliminary Plat \$500 + \$10 per lot over 25 lots |
| <input type="checkbox"/> Annexation Application \$500 + 150 per acre | <input type="checkbox"/> Rezoning \$500                                     |
| <input type="checkbox"/> Annexation Petition \$500 + \$300 per acre  | <input type="checkbox"/> Sketch Plan \$250                                  |
| <input type="checkbox"/> Comprehensive Plan Amendment \$250          | <input type="checkbox"/> Site Plan \$500                                    |
| <input type="checkbox"/> Conditional Use \$100                       | <input type="checkbox"/> Variance \$50                                      |
| <input type="checkbox"/> Final Plat \$500                            | <input type="checkbox"/> Wireless Telecom Facility \$250                    |
| <input type="checkbox"/> Minor Subdivision \$100                     | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Modification to Prior Approval \$250        |   |

## II. Project Name: \_\_\_\_\_

- Signed Fee Agreement; New Agreement Amount: \$ \_\_\_\_\_ or Use Existing

## III. Contact information: *(please attach any additional contacts)*

Owner: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____
Applicant: _____	Telephone: _____
Address: _____	Fax: _____
_____	E-mail: _____

## IV. Property Description:

Address or Location: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

## V. Purpose of Application: *(please attach any additional information)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Planning Department  
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# LAND USE APPLICATION

Project Name:


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**VI. Certification:** *Must be signed with **BLUE INK**.*

**OWNER CERTIFICATION OF COMPLETED APPLICATION**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICANT CERTIFICATION OF COMPLETED APPLICATION**

I certify that the information and attachments I have submitted are true and correct to the best of my knowledge. In filing this application, I am acting with the knowledge and consent of the property owners. I understand that all materials and fees required by the Town of Timnath must be submitted prior to having this application processed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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