

# 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 Comment Development Department.

Please review section 4.4.16 in the Land Use Code to ensure the Accessory Dwelling Unit (ADU) meets code.

**Owner/Applicant Contact information:** *(please attach any additional contacts)*

Owner/Applicant: _____	Telephone: _____
E-mail: _____	_____
Contractor (if applicable) _____	Telephone: _____
E-mail: _____	_____
Address of Property: _____	
_____	

**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 for the water sewer district serving 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 ADU: (Maximum allowed square footage is 850 sqft):** \_\_\_\_\_

**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 and fees are included in the submittal:

- Application fee
- Plot Plat (location of ADU relevant to existing buildings, property lines & Setback, Water and Sewer services, and access to ADU)
- “Will Serve” letter from the Water Sewer District
- Building Permit Application (Note: Building Permit cannot be issued until ADU is approved)



Planning Department  
970-224-3211

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- If contractor is completing work, please have them submit the application via Community Core.

## OWNER/APPLICANT CERTIFICATION OF COMPLETED APPLICATION

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

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### Office Use Only:

Accessory Dwelling Unit Application:  Approved  Denied  Revisions Required

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

Notes:

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