

**ACCESSORY DWELLING UNITS (ADU)
RECOMMENDED PUBLIC FACILITIES PRE-CHECK FORM
DEPARTMENT OF PLANNING AND PERMITTING (DPP)**

TAX MAP KEY

Zone	Sec	Plat	Par	Lot

ZONING DISTRICT: _____

LOT AREA: _____

ADDRESS/LOCATION OF PROPERTY: _____

APPLICANT: _____ PHONE: _____

AGENT: _____ PHONE: _____

ADU - PART I (To be completed by applicant)

1. PROPOSAL FOR: (check only one)

<input type="radio"/> One new <u>attached</u> unit	<input type="radio"/> Use of existing attached second unit
<input type="radio"/> One new <u>detached</u> unit	<input type="radio"/> Use of existing <u>detached</u> second unit
<input type="radio"/> Alteration work only (conversion of garage, guest quarters, recreation rooms, basement, etc.)	
<input type="radio"/> Other _____	
2. TOTAL NUMBER OF BEDROOMS IN BOTH UNITS: _____ (for Dept. of Health review, if required)
3. PARCEL NOW SERVED BY OR HAS: (check Yes or No)

a. Meets minimum lot size required	<input type="radio"/>	Yes	<input type="radio"/>	No
b. City water	<input type="radio"/>	Yes	<input type="radio"/>	No
c. City sewers	<input type="radio"/>	Yes	<input type="radio"/>	No
d. Cesspool or septic tank. If "Yes", see II.b. - State Department of Health	<input type="radio"/>	Yes	<input type="radio"/>	No
e. Direct access to a street with minimum paved roadway width of 20 feet (18 feet if street serves no more than 6 lots)	<input type="radio"/>	Yes	<input type="radio"/>	No
f. Sufficient area for required number of parking spaces	<input type="radio"/>	Yes	<input type="radio"/>	No

ADU - PART II (To be completed by government agencies)

If you do not meet any requirement permit cannot be granted.

- I. **DPP CUSTOMER SERVICES DIVISION:** Parcel meets zoning and lot size/dimension standards.

<input type="radio"/> Yes	<input type="radio"/> No	Checked by: _____		
			Signature	Date
 - II. **WASTEWATER DISPOSAL (either a or b)**
 - a. DPP WASTEWATER BRANCH: Sewer service is available and capacity is adequate.

<input type="radio"/> Yes	<input type="radio"/> No	Checked by: _____		
			Signature	Date
 - b. STATE DEPARTMENT OF HEALTH - WASTEWATER BRANCH: Existing/proposed individual wastewater system meets requirements.

<input type="radio"/> Yes	<input type="radio"/> No	Checked by: _____		
			Signature	Date
 - III. **BOARD OF WATER SUPPLY - SERVICE ENGINEERING:** Existing water system is adequate.

<input type="radio"/> Yes	<input type="radio"/> No	Checked by: _____		
			Signature	Date (Valid for 120 days)

BWS ONLY: Approval for one-time 90-day extension.
Checked by: _____
Signature _____ Date (Valid for 90 days)
 - IV. **DPP TRAFFIC REVIEW BRANCH:** Meets minimum roadway requirements.

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	Checked by: _____	
			Signature	Date
- Additional comments (attach if necessary): _____