

CITY OF HERMISTON

APPLICATION FOR ACCESSORY DWELLING UNIT (ADU)

\*\*\*THIS IS NOT A BUILDING PERMIT\*\*\*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Daytime)

Property Owner(s) Name (If Different): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Daytime)

Legal Description of Property: Assessor Map No: \_\_\_\_\_ Tax Lot No: \_\_\_\_\_

Present Use: \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Total Sq. Ft. of Parcel: \_\_\_\_\_

Please include all existing structures (house, garage, shed, covered patio, etc) on the property.

Sq. Ft. of Existing Bldg(s) on Property: \_\_\_\_\_ Existing Bldg(s) Height/No of Stories: \_\_\_\_\_

Sq. Ft. of Proposed ADU: \_\_\_\_\_ Proposed ADU Height: \_\_\_\_\_

Setbacks for Proposed ADU: Front yard \_\_\_\_\_ Rear Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ / \_\_\_\_\_

Parking Spaces Required for Existing Dwelling \_\_\_\_\_ Number Provided \_\_\_\_\_

Parking Spaces Required for Proposed ADU \_\_\_\_\_ Number Provided \_\_\_\_\_

Proposed Type of ADU and construction type (attached, detached, in existing home)

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION TO BE FURNISHED & ATTACHED TO APPLICATION:**

1. Evidence that applicant is owner or purchaser of the property or has written permission of such owner to make an application for the accessory dwelling unit.
2. Two copies of a site plan (11"x17") drawn to scale, showing the location of the property concerned with all proposed or existing building(s), and the location of all highways, streets and alleys.

The above statements are true to the best of my belief and knowledge. This is not a building permit. All building permits must be submitted to and approved by the building department.

I am the \_\_\_\_\_ owner/ \_\_\_\_\_ owner's authorized representative. **(If authorized representative, please attach letter signed by owner.)**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office Use Only**

Date Filed: \_\_\_\_\_ Received By: \_\_\_\_\_

Fee: \$200.00 Date Paid: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Receipt No: \_\_\_\_\_