



ACCESSORY DWELLING UNIT (ADU) PERMIT APPLICATION And Checklist

23204 58th Ave W
Mountlake Terrace, WA 98043
Phone 425.744.6267
PermitSpecialist@mltwa.gov
www.cityofmlt.com

FOR STAFF USE ONLY

Permit(s) Number(s) _____
Plan Check Fee \$ _____ State Fee \$ _____
Permit Fee \$ _____ Certificate of Occupancy Fee \$ _____
Receipt Number(s) _____ Total Fees \$ _____

Processed by: _____ (Initials) Date: ____/____/____

Attached to (or within) Main Residence Detached (Separate) from the Main Residence

Accessory Dwelling Unit Address _____

Assessor's Parcel Number _____

Include with this application:

1. The Permit Contact Information Form, page 3
2. Proof of ownership
3. Scaled building elevations of proposed ADU on all newly constructed building faces (North, South, East & West) as well as photo or elevation of existing principal dwelling unit (North, South, East & West).
4. Affidavit; filled out, signed, dated and notarized, pages 4-6
5. A scaled plot plan (ie: 1"=30 ft) showing and labeling the location of the ADU, its dimensions and labeled setback from property lines.

By my signature, I certify that the information and exhibits submitted are true and correct.

Owner / Agent _____ Date _____

Signature

Owner / Agent _____

Print

The above signed is the:

- Property Owner Agent of Owner Architect Contractor Engineer Other

**Checklist for
ACCESSORY DWELLING UNIT (ADU) PERMIT APPLICATION**

The application for an Accessory Dwelling Unit shall be accompanied with the information listed below.

- ADU permit application: completed, signed and dated, applicable fee and [Permit Contact Information Form](#)
- Proof of Ownership. Please supply either a Current Tax Statement, Title Report or Other acceptable documentation of ownership and occupancy
- [Affidavit](#): filled out, signed, dated and notarized
- Building Elevations of ADU and existing home (north, south, east and west). The If ADU must have is detached from the existing primary dwelling unit, make sure architectural features that are the similaramer to theas primary dwelling unit per MTMC 19.30.50 (B) (7). Photos of the existing home can be used as a substitute for elevations.
- Existing Site (Plot) Plan, drawn to scale, that shows and clearly labels:
 - Lot area
 - All streets, roads and right of way, adjacent to and near the property
 - All existing structures (footprint) with all exterior sides dimensioned.
 - Location of decks, patios, porches, walkways; labeled and dimensioned.
 - Setbacks from all structures to all property lines, identified & dimensioned
 - All existing parking spaces, including garage and carports spaces, labeled and dimensioned
 - Add new parking or paving areas in all driveways. Label type of paving (asphalt, gravel, dirt, concrete etc.).
- Proposed Site (Plot) Plan, drawn to scale, that shows and clearly labels:
 - Lot area
 - All streets, roads and right of way, adjacent to and near the property
 - All existing structures (footprint) with all exterior sides dimensioned.
 - Location of decks, patios, porches, walkways; labeled and dimensioned.
 - Setbacks from all structures to all property lines, identified & dimensioned
 - All existing parking spaces, including garage and carports spaces, labeled and dimensioned
 - Add new parking or paving areas in all driveways. Label type of paving (asphalt, gravel, dirt, concrete etc.).
- Floor plans of existing residence (and accessory structure(s), if any):
 - The drawing shall be to scale, labeled
 - Dimension and label each room by type (i.e. living, bedroom, laundry)
 - Calculate the floor area of each floor of structure(s)
 - Show and label the primary entrance (front door)
 - Show and label all other exterior doors
- Photographs are useful (optional)



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PERMIT CONTACT INFORMATION

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Permit(s) Number(s): _____

PROCESSED BY: _____ (Initials) **DATE:** ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ **Suite No.** _____

Parcel Number(s) _____

Applicant _____

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Property Owner _____

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Contractor _____

If Applicable

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

State License # _____ Expires _____ City Business License # _____ Expires _____

Contact Person: _____

This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.

Mailing Address: _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Design Professional: _____

Mailing Address: _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Signed: _____ **Print Name:** _____ **Date:** _____

Return Address

City of Mountlake Terrace
6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043

COVER SHEET FOR RECORDING

Please print or type information

Document Title: AFFADAVIT OF OWNERSHIP AND OCCPANCY BY OWNER OF AN ACCESSORY DWELLING UNIT (permit no.)
Reference number(s) of documents assigned or released: (on page _____ of document(s))
Grantor: City of Mountlake Terrace
Grantees: name
Legal description:
Assessor's property tax parcel/account number(s):
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

WHEN RECORDED SUBMIT A COPY TO:

City of Mountlake Terrace Community and Economic Development

City of Mountlake Terrace
6100 219th Street, Suite 200
Mountlake Terrace, WA 98043-0072
425.744.6266

City of Mountlake Terrace

**AFFIDAVIT OF OWNERSHIP AND OCCUPANCY BY OWNER
FOR AN ACCESSORY DWELLING UNIT**

Name of Property Owner: _____

Property Address: _____

Assessor's Parcel No.: _____

Property Description: _____

I, _____, make the statements herein of actual knowledge.

1. The address of my property is, Mountlake Terrace, WA 98043, and I have applied for or am making application to establish an authorized accessory dwelling unit at this location.
2. I am the owner of this property.
3. As the owner of this property, I, or an immediate member of my family will reside in either the primary dwelling unit (house) or accessory dwelling unit for a minimum of three (3) consecutive months in any calendar year.
4. In no case shall both the primary dwelling unit and the accessory dwelling unit be simultaneously leased by the owner(s) for any rental term.
5. I will notify any prospective purchasers of this property of the limitations of the City of Mountlake Terrace's Accessory Dwelling Unit regulations. The new purchaser must file a new notarized Affidavit of Owner Occupancy with the City of Mountlake Terrace within one (1) year of transfer of ownership.
6. I will notify the City of Mountlake Terrace and the Snohomish County Auditor's Office if the accessory dwelling use is abandoned or the accessory dwelling unit is removed from this property. This will be done by submitting a notarized

“Certificate of Discontinuation of an Accessory Dwelling Unit” to the City of Mountlake Terrace. The Certificate will state that the accessory dwelling unit no longer exists on the property. I will, with City concurrence, record the Certificate with the Snohomish County Auditor’s office.

- 7. I understand that the City retains the right, with reasonable notice, to inspect the ADU for compliance with City Code, and further, I understand the City may require the removal of the accessory dwelling unit if any of the requirements for the accessory dwelling unit are violated.
- 8. I agree to have this document recorded with the Snohomish County Auditor’s Office at my expense, and supply a copy to the City of Mountlake Terrace.

I declare, under penalty of perjury, that the foregoing is true and correct.

PRINT NAME: _____ (property owner)

SIGNED: _____ DATE: _____
Signature of Property owner

STATE OF WASHINGTON

COUNTY OF _____ I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person Acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Given under my hand and official seal this _____ day of _____, 20____

NOTARY PUBLIC in and for the State of
Washington, residing at _____
My appointment expires _____

My appointment expires _____
