

When Recorded Return to:

City of Newcastle
13020 Newcastle Way
Newcastle, WA 98059-3030



City of Newcastle
Community Development
Phone (425) 649-4444
Fax (425) 649-4363
<http://www.ci.newcastle.wa.us>

Project # _____

Fee: _____

ACCESSORY DWELLING UNIT (ADU) APPLICATION

Property Address: _____ Zip Code: _____

Assessor's Parcel #: _____

Owner: _____ Phone: _____

Mailing Address: _____ City, State, Zip: _____

Please explain in detail a description of the activity proposed: _____

Include a site plan of property and a floor plan of proposed ADU

DESIGN & USE REQUIREMENTS: (SEE CHAPTER 18.31.040 OF THE NEWCASTLE MUNICIPAL CODE FOR COMPLETE REGULATIONS)

1. One accessory dwelling unit may be permitted as subordinate to a single-family dwelling.
2. Either the principal dwelling unit or the accessory dwelling unit must be occupied by an owner of the property, or an immediate family member of the property owner for more than six months each year
3. A site may not contain both an accessory dwelling unit and a Type II home occupation or a home industry, as defined in Chapter 18.30 NMC.
4. An accessory dwelling unit, or the land on which the accessory dwelling unit is located shall not be subdivided or otherwise segregated in ownership from the principal dwelling unit, or the land on which the principal dwelling unit is located.

5. The accessory dwelling unit shall comply with all standards as adopted by the city, and any other applicable codes or regulations, and shall comply with all zoning code provisions for single-family residences, including height and setbacks, and shall be included as part of the impervious surface and floor area limitations for a building site.

Affidavit of Occupancy by Owner For Accessory Dwelling Unit

I, _____, owner of property located at _____, Newcastle, Washington, in conjunction with an application for an Accessory Dwelling Unit, do hereby certify that the information on this application is true and correct and that the principal dwelling unit or the accessory dwelling unit will be resided in for more than six months each year by the owner or a member of the owner's immediate family and that any prospective purchaser of the property will be notified of the limitations and requirements of this chapter.

Signature of Property Owner: _____ Date: _____

Signed: _____ Date: _____
Notary

For Office Use Only

Approved Denied Date _____

By: _____

Notary
Stamp