



PLZ # _____
Permit # _____
Date _____

Application

Accessory Dwelling Unit

A. Applicants Name: _____

Address _____

City _____ State _____ Zip _____

Telephone # _____ Mobile # _____

E-mail Address _____

B. Type of Accessory Dwelling Unit

- Internal in Existing Dwelling Unit
- Detached in New Accessory Structure
- Detached in Existing Accessory Structure

C. Accessory Dwelling Unit Information

1. Proposed Square Footage _____

2. Total Square Footage of Main Dwelling _____

3. Total Acreage of the Site _____

4. Current Zoning of the Site _____

5. Describe the proposed use and structures for the site

6. Has this space already been issued a Building Permit/Certificate of Occupancy? Yes / No

a. Building Permit # / Date _____

b. If "No", please explain:

By signing this application, I acknowledge that I have read and understood the application, ordinances, checklists, etc, associated with this application, and that any and all required drawings, plans, and other submittals are included and complete. Furthermore, by signing this application I acknowledge that all submitted information is true and correct, and that the above described project must comply with and remain in compliance with the requirements of all applicable Riverton City ordinances and standards.

Applicant's Signature

Date

ACCESSORY DWELLING UNIT APPLICATION CHECKLIST

To be completed prior to acceptance of application

Applicant Name: _____

Pre-Application Conference

Date ____/____/____ Staff Initial _____

Complete Application Items

- Application Form Completed and Signed by Applicant
- Ownership & Owner Occupancy Affidavit Completed and Signed

Required Maps, Drawings, and Other Information

(1) One copy of the following:

- Site Plan showing location and accurate measurements of main dwelling, proposed accessory dwelling (if detached), required dedicated parking space for ADU, and other relevant information.
- Plan showing accurate measurements of the layout and square footage of the Accessory Dwelling Unit.
- Plan showing entrance location(s), and access from street.
- If detached, exterior drawings showing building height and exterior materials/architecture, entrance location(s), and other exterior details as required.
- A copy of building permit or submitted permit application, and/or Certificate of Occupancy for the accessory dwelling unit space.
- Additional Drawings (As Required)

Application Fees

Accessory Dwelling Unit Application		\$175.00
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INTERNAL USE ONLY

Application Status

- Received** Staff Initial _____ Date ____/____/____
- Approved Pending C/O** Staff Initial _____ Date ____/____/____
- Approved** Staff Initial _____ Date ____/____/____

Please refer to Riverton City Ordinance Chapter 18.225.080, Accessory Dwelling Units, for the complete terms and requirements for accessory dwelling units.

OWNER OCCUPANCY AFFIDAVIT

PROPERTY OWNER(S)

I/we, _____, _____, do hereby state say that I/we am/are the owner(s) of the property located at:

Address/Parcel ID# _____

and identified in the attached application and that the statements herein contained and the information provided in the attached plans and other exhibits are in all respects true and correct to the best of my/our knowledge. I/we also acknowledge that I/we have received written instructions regarding the application for which I/we am/are applying and understand that the attached application will be required to comply with any and all applicable standards and ordinances of Riverton City.

STATEMENT OF OWNER OCCUPANCY

I/we, _____, _____, the owner(s) of the real property described above and in the attached application, do hereby acknowledge that as long as the attached or detached accessory apartment exists, I/we will occupy a dwelling unit at this address in compliance with Section 18.190.051. In the event the City receives information calling into question this owner-occupancy declaration, a renewal of this declaration shall be submitted to the City upon request. I/We understand that providing false guarantee or failure to maintain owner occupancy may result in legal actions against the property and/or revocation of permits and licenses associated with the Short Term Rental.

(Property Owner(s) Signature)

(Property Owner(s) Signature)

Dated this ___ day of _____, 20__