

ACCESSORY DWELLING UNIT (ADU) APPLICATION 2017 Zoning Development Permit (ZDP)

ZDP#	
Plan #	
BP #	
ADU F	ee = \$118.00

1. <u>Requirements</u>: Please review the ADU Requirements below to determine if your home qualifies for an ADU. (See Section 18.33.135 of the Municipal Code for the specific ADU standards.)

Checklist	Applicant	City
Definition: ADUs are subordinate living units added to or created within a single		•
family dwelling or attached garage, or created within an upper level of a detached		
garage accessory to a single family dwelling.		
Allowed Uses: ADUs are Permitted in the SR and UR zones.		•
ADUs are Permitted Conditionally in the NC, CC, CBD and PUD zones.		
Design and Appearance: Must be compatible with existing architecture. If the		
ADU is located in a detached garage, then the garage must be brought into		
compatible design with the primary dwelling.		
Residency: Property owner must reside in the primary home or ADU. Owner shall		
sign an affidavit that they comply with all the requirements at the time of		
application for a zoning development permit and annual renewal of the permit.		
Size: No more than 40% of the primary units floor area, nor larger than 800 square		
feet or smaller than 400 square feet.		
Number of occupants: Maximum of four (4) occupants in an ADU.		
Parking requirements: At least one, on-site, parking space per ADU occupant's vehicle(s).		
Density controls: In order to disperse units in the community, the Planning		
Commission supported the concept of controlling ADU density. On a first come first		
serve basis, ADUs shall be separated by a 300 ft. radius or 600 ft. radius within the		
UR or SR zones respectively. ADUs must be separated by a 300 ft. radius in		
commercial zones.		
Maximum number of ADUs per lot: One (1) ADU per lot is allowed.		
Home occupations: Allowed in accordance with City's home occupation		
standards in either the ADU or primary home but not both at the same time.		
Barrier-free ADU: Barrier-free ADUs are encouraged.		
	1	

2. **Property Owner Information:**

a.	Property Owner's Name (Contractor or Prop	perty Owner):
b.	Site Address:	
C.	Legal Description: Lot Block	Subdivision
d.	Property Zoning:	Lot Size (s.f.):
e.	Mailing Address:	E-Mail Address:
f.	Phone/Cell Numbers: Cell	Other
	If new construction or remodel, then comple	ete (g.) through (i.):
g.	Contractor Name:	
h.	Contractor LIC#	WP Business LIC #:
i.	Contractor Info: Phone/Cell	Email Address:

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3.	Pro	iect	Inforr	mation:

Project Information:		
Attached ADU	Detached ADU	
Area of Principal Residence:s.f. Total Area of Detached Galarea of ADU:s.f. Area of ADU above Garage Structure Height: Will ADU be located on 2 nd		e:s.f.
a. Method of Water Supply: □ City	□ Other:	
b. Method of Sewage Disposal: □ City	□ Other:	
c. Estimated Project Valuation: \$	(Value must	
d. Have plans been approved by an Architecturlf "yes" please attach letter of approval fron	•	
 Year your home was built: If your home was constructed after June 1, additional impact fees. 		y be subject to
Submittal Requirements:		
Item:		# of Copies:

4.

Item:	# of Copies:
24" x 36" set of the site plan, including parking spots and building	1
elevations	
24" x 36" set of floor plans (incl. plumbing fixtures & all bedrooms labeled).	1
A building plan review and permit may be required from Pikes Peak	
Regional Building Department after WP Zoning approval.	
11" x 17" set of plans (incl. site plan, building elevations & floor plans)	1 small plan set
Tiered Fee Calculation Form if Primary Residence built after June 1, 2012	1 form
(incl. water fixture unit counts, impervious surface square footage and	
number of bedrooms)	
Architectural Renderings with colors and materials identified.	1

5. **Certification:** The undersigned applicant understands that a Certificate of Occupancy is required prior to occupancy of any structure or dwelling. Applicant is required to follow all procedures necessary to obtain a Certificate of Occupancy issued by Pikes Peak Regional Building Department. The undersigned applicant certifies under penalty of perjury that the information found in the application, site and driveway plan is true and accurate to the best of their knowledge.

The undersigned also certifies that they understand that the proposed development shall be in accordance with this application, site plan and driveway information, all provisions of the City of Woodland Park's Zoning Regulations, other applicable City regulations, and conditions imposed upon the issuance of this permit. The undersigned also acknowledges that they have read and understand the Driveway Construction Regulations 5.1.2 of the City of Woodland Park Colorado Engineering Specifications attached to this application.

a.	Property Owner's/Applicant's Signature:(The owner's signature must be obtained prior to submittal or	Date: no permit will be processed.)
b.	Builder Signature:	Date:
c.	ZDP Approved/Issued by:	Date:

1,	wner or owner's agent for an
Accessory Dwelling Unit (ADU) within the City of Wo	oodland Park.
Under Zoning Development Permit (ZDP) number, being duly sw	orn on oath, deposes and says,
I own and hold title to the following described real property (herein after referred to given authority to represent the owner by an Owner's Affidavit of the PROPERTY application:	
Street Address Legal Description	
I hereby acknowledge and agree to the following:	
"I understand that my plans provide for more than one kitchen in a single family dw Park Zoning Code I understand only one dwelling unit is allowed per lot or parcel in proposed home is located. I understand that the City cannot approve the second kitch filed in the Office of the City Clerk whereby I as Owner acknowledge and agree that forth by Ordinance #1209."	n the zoning district in which the hen unless an affidavit is signed and
IN WITNESS WHEREOF, the parties hereto have here under set their hands and se	al this day of, 20
OWNER STATE OF	
COUNTY OF	
Owner Signature	
Print Name, Mailing Address and Phone Number	
Notarize The foregoing instrument was acknowledged before me this day of	, 20 by
My Commission expires	
(Notary Public)	
OWNER STATE OF	
COUNTY OF	
Owner Signature	
Print Name, Mailing Address and Phone Number	
The foregoing instrument was acknowledged before me thisday of	, 20 by
, COUNTY of	,
My Commission expires	-
(Notary Public)	

Proj	ect #:

SUBCONTRACTOR/VENDOR LIST

General Contractor:	
Dunings Linears #.	
Business License #:	

Type of Work	Company Name	Contact Person	Phone #	Business License #
Appliances/Bath Fixtures				
Cabinets/ Counters				
Carpet				
Ceramic Tile Installer / Vendor				
Doors				
Driveway/ Culvert				
Drywall				
Electric				
Engineer				
Excavation				
Final Cleaning				
Fireplace				
Flatwork				
Flooring Installer / Vendor				
Footing & Foundation				
Framing				
Gas line (inside)				
Grading				
Gutters				
Hardware				
Heating				
Insulation				
Landscaping				
Lighting				
Lumber				
Masonry				
Painting				
Plumbing				
Roof				
Septic				
Service lines, water & sewer				
Site Prep/Tree Removal				
Stucco				
Survey				
Tool Rental				
Trash Removal				
Venting				
Windows				