



Accessory Dwelling Unit (ADU) Application

Submittal Date: _____

Project Name: _____ **Parcel No.** _____

Legal Description of Property: Subdivision _____ Lot(s) _____, Block _____,

Street Address of Property: _____

Current Zoning of Property: _____ Year of original construction: _____

(Only applicable if property is within the Townsite Overlay)

Additional sq. ft. footage to existing building (if applicable) _____ Proposed Accessory Dwelling Unit sq. ft. _____

Name of Owner of the Property: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax: () _____ - _____ Cell: () _____ - _____

Email Address: _____

Property Owner Consent:

By signature hereon, the property owner acknowledges that City officials and/or employees may, in the performance of their functions, enter upon the property to inspect, post legal notices, and/or other standard activities in the course of processing this application, pursuant to Idaho Code §67-6507. The property owner is also hereby notified that members of the Planning and Zoning Commission and City Council are required to generally disclose the content of any *ex parte* discussion (outside the hearing) with any person, including the property owner or representative, regarding this application.

Property Owner's Signature: _____ **Date:** _____

Name of individual to contact on behalf of Trust or LLC (if applicable): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax: () _____ - _____ Cell: () _____ - _____

Email Address: _____

Application Contact (if different than above): _____

***Application Contact will be the Planning Department's primary point of contact for questions related to the application.*

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax: () _____ - _____ Cell: () _____ - _____

Email Address: _____

Signature: _____ **Date:** _____

See attached checklist for items that must be submitted with this application in order for application to be considered complete. See the applicable Design Review Guidelines, including Townsite Overlay Guidelines if applicable, and Accessory Dwelling Unit guidelines.

Appeals: Any interested party may appeal in writing any final decision of the Planning and Zoning Administrator, Hearing Examiner, or Commission to the City Council by filing an appeal with the Hailey City Clerk within fifteen (15) days from the date of the decision. The appeal shall specifically state the decision appealed and reasons for the appeal. If no appeal is filed within the fifteen (15) day period, the decision shall be deemed final.

FOR CITY USE ONLY Fees: Cost of additional noticing, recording fees, and other direct costs will also be assessed.

<input type="checkbox"/> Administrative Design Review	\$ 250.00
Mailing (# of addresses _____) x (. _____ postage + .15 paper, envelope & label)	\$ _____
Total Due.....	\$ _____

Accessory Dwelling Unit (ADU) - CHECKLIST

City Use Only -

Project Name: _____

Certified Compete by: _____

Date: ____/____/____

The following items must be submitted with the application for the application to be considered complete (✓):

Administrative Design Review

- _____ Vicinity map showing project location in relationship to adjacent buildings and surrounding area.
- _____ One (1) 11" x 17" copy of any larger plans/maps.
- _____ PDF files of all required documents and 11" x 17" plans/maps.
- _____ Short-Term and/or Long-Term Occupancy documentation.
- _____ Gross Floor Area within the permitted square footage based off lot size or no more than 66% of gross square footage of principal building, whichever is less.
- _____ Number of bedrooms shown (Maximum of two).
- _____ Outdoor Access (no less than 50 square feet).
- _____ Onsite parking.
 - _____ 1 parking space per ADU and 2 parking spaces for per single family unit or;
 - _____ 2 parking spaces when the primary dwelling is 1000 square feet or less in size and an ADU is onsite;
 - _____ Existing parking in excess shall count towards total required parking.
- _____ Mitigation of light trespass into residential indoor living areas on adjacent properties (i.e.: fencing, landscaping, screening).
- _____ Building setbacks and height.
- _____ Total square footage of subject property, including lot dimensions.
- _____ Names and address of all property owners within three hundred (300) feet of the exterior boundaries of the land being considered. Names and addresses can be obtained using the Blaine County map server <http://maps.co.blaine.id.us/> or from the Blaine County Assessor's office. Assistance can be provided by the Hailey Planning staff upon request.
- _____ Other information as required by the Zoning Administrator, Hearing Examiner or Commission.

The following items must be submitted, in addition to the items above if a Design Review is required:

- _____ Site plan showing proposed parking, loading, general circulation, snow storage and parking stall dimensions (must show location of adjacent buildings and structures).
- _____ Staging and Contractor Parking Plan.
- _____ Exterior lighting plan (location, type, height, lumen output, luminance levels for area lighting, and spec sheets for fixtures).
- _____ Floor plan (include gross square footage for each floor and building, occupancy classification and type of construction).
- _____ Drainage plan (grading, catch basins, piping, and dry-wells).
- _____ Detailed elevations showing facade of all sides of proposed building and other exterior elements.
 - Must show elevation points of record grade.** Include notes on colors, materials, dimensions.
- _____ Colored rendering of at least one side of the proposed building.
- _____ Idaho licensed architect (plans for single family dwellings may be stamped by an Idaho licensed structural engineer).
- _____ North point and scale.
- _____ One (1) 11" x 17" copy of any larger plans/maps
- _____ One (1) 24" x 36" copy of any larger plans/maps
- _____ PDF files of all required documents and 11" x 17" plans/maps.
- _____ Color photographs of any existing structures on the site.
- _____ For properties located in Airport West, Design Review approval by Airport West Design Board.
- _____ Names and addresses of easement holders within subject property.
- _____ Other information as required by the Zoning Administrator, Hearing Examiner or Commission:
 - _____ Written statement of how each design review standard is met (contact the Planning Coordinator for which set of standards is applicable to your project).

City Use Only:

- _____ Double check address
- _____ Advise applicant if Lot Line Adjustment is needed
- _____ Check following basic standards:
 - _____ Density
 - _____ Setbacks
 - _____ Height (**plans must show elevation points of record grade**)
 - _____ Lot coverage
 - _____ Floor area
 - _____ Parking (# of spaces)