



ACCESSORY DWELLING UNIT APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mtl.wa.us
www.cityofmlt.com

Permit # _____

Attached to (or within) Main Residence

Detached (Separate) from the Main Residence

Accessory Dwelling Unit Address _____

Assessor's Parcel Number _____

CONTACT INFORMATION

PROPERTY OWNER

Name _____
Address _____
City _____ State _____ Zip _____
Ph _____ Fax _____
E-mail _____
Contact Name _____
Ph _____ Fax _____
E-mail _____

APPLICANT

Name _____
Address _____
City _____ State _____ Zip _____
Ph _____ Fax _____
E-mail _____
State Lic. # _____
City Lic. # _____

This application is to include the following materials (see the attached informational handout for submittal details):

1. Proof of Ownership
2. Affidavit
3. Plot Plan of Property

Note: Additional plans are necessary to apply for construction permits to establish ADU.

By my signature, I certify that the information and exhibits (if any) submitted are true and correct to the best of my knowledge. The applicant is the (please circle one):

Property Owner Agent of Owner Architect Contractor Engineer Other

Sign Applicant _____ Date _____

Print Applicant _____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Accessory Dwelling Unit Fee \$ _____ Date _____ Receipt Number _____