

11930 Cyrus Way, Mukilteo, WA 98275 (425) 263-8000 Fax (425) 212-2068

## **Accessory Dwelling Unit Supplemental Application Form**

Dat	: <u>11/13/23</u> Application Number: <u>AFR-ADU-2023-001</u>
Fee	Received: \$ \Bigcap Cash \Bigcap Check \Bigcap Other Receipt #:
1.	Name of Project:514 SFR ADU ADD
2.	applicant is: ☐ Authorized Agent for Own
	Name: 60+ LLC
	Address: 19139 84th AVENUE W
	EDMONDS, WA 98026
	Phone:206-930-3867
3.	Legal Description of Property (may be attached):  LOTS 5-7 PLAT OF OGDEN
4.	Assessor's Tax Number of all property involved in the application:  00534700000500
5.	Existing Zoning: R7.5
6.	existing Comp Plan Designation: <u>SFR-HD</u>
7.	Type of ADU: ☐ Interior ☐ Attached ☒ Detached
8.	Number of Parking Stalls on the Property: 2 existing - 2 proposed
9.	ADU Status: ☐ Pre-Existing
10.	quare footage of existing residence: 890
11.	quare footage of proposed ADU:
12.	Sumber of Bedroom in ADU:1

13. Drawings: All accessory dwelling units shall comply with the design standards as outlined in MMC 17.30.060. Attach two copies of building site plans and elevations showing compliance with MMC 17.30.030.								
	Drawing Attached:	l Yes	□ No					
14. Ownership Verification: Attach the owner's Affidavit of Ownership form verifying that the owner will be resides in either the principal unit or the accessory dwelling unit as the permanent residence for at least six months of each calendar year.								
	Affidavit of Ownership	form attached	d: 🖄	Yes	□ No			
in accordance session of the The informat State of Was		State of Was dinance No. 3	shington, 6350 of the enalty of p	Chapter 27 City of Mo	71, extraordina ukilteo.	ary		
Signatures:	Owner* Hank Saffold							
	Owner*		Date					
Agent for Owner			Date					

\* NOTE: If legal owner is a corporation or partnership, proof of ability to sign for the

corporation or partnership shall be submitted to the City of Mukilteo with this

application.