Community Development Department
102206 East Wiser Parkway
Kennewick, WA 99338

Planning Division
(509) 786-5612
Planning.Department@co.benton.wa.us

MULTIPLE DETACHED DWELLING INFORMATION

WHAT IS A MULTIPLE DETACHED DWELLING?

The placement of more than one permanent dwelling unit on a single parcel.

THE PROCESS

After a completed Multiple Detached Dwelling application is submitted, it will be sent out for review to neighboring property owners within 300 feet of the subject property as well as local and State agencies and departments. If there are no objections, the Planning Administrator will review all the information submitted and the application will either be approved or denied.

CRITERIA FOR APPROVAL

Multiple Detached Dwellings authorized shall meet the following minimum criteria:

1. The proposed use does not have an adverse effect on other uses permitted in the applicable zoning district.
2. The proposed use conforms with all applicable ordinances and regulations of Benton County which also apply to other permitted uses in the applicable zoning district.
3. The proposed use complies with the density requirements of the Benton County Comprehensive Plan.
4. The lot size equals or exceeds the total square footage and setbacks required by this chapter for the total proposed dwellings as if the dwellings were located on separate parcels.
5. The proposed use complies with all applicable requirements of the Benton Franklin District Health District, Department of Social and Health Services, Department of Ecology or any municipality providing water or sewer.

APPEALS

Decisions may be appealed to the Benton County Hearings Examiner within fourteen (14) days from the date of decision.

EXPIRATION

The MDD permit will be valid as long as the conditions set forth by the Planning Administrator are met.

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MULTIPLE DETACHED DWELLING CHECKLIST

Applicant	Staff	
☐	☐	**Completed Multiple Detached Dwelling Application** – must include signatures of all parties with ownership interest. Incomplete applications will not be accepted.
☐	☐	**Site Plan Map** – A detailed map drawn to scale showing: boundary lines and dimensions of the property; location and size of all existing and proposed structures; driveway and access easements that serve the property; adjacent roads; wells; septic systems; easements; and parking areas. *No site plans larger than 11" x 17" and only maps drawn in **black ink** will be accepted.*
☐	☐	**$200.00 Multiple Detached Dwelling Permit Fee** – The fee must be paid at the time of application submittal, cash or checks accepted. Checks made payable to the ***Benton County Treasurer*.** All application fees are non-refundable.
☐	☐	**Written Approval** – Documentation of approval of proposed method of water supply and sewage disposal by the appropriate governmental agency, municipality, or private purveyor.

Applications may be submitted between the hours of 8am-12pm and 1pm-5pm Monday through Friday to the Planning Department office, or you can mail it to 102206 E Wiser Parkway, Kennewick, WA 99338.

Please contact the following departments/agencies to ensure your proposal will comply with their regulations:

- **Benton-Franklin Health District**
  7102 W. Okanogan Place, Kennewick, WA 99336
  (509) 460-4205
- **Benton County Road Department**
  620 Market Street, Prosser, WA 99350 -or-
  102206 East Wiser Parkway, Kennewick, WA 99338
  (509) 786-5611
- **Benton County Building Division**
  102206 East Wiser Parkway, Kennewick, WA 99338
  (509) 735-3500

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MULTIPLE DETACHED DWELLING APPLICATION

Application No. _____

APPLICANT INFORMATION

Please check the box indicating primary contact person for this application

☐ **Applicant/Agent**: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Work: _____

Email Address: _____

Signature: _____ Date: _____

☐ **Property Owner(s)** *(if different)*: _____

Mailing Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Work: _____

Email Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

**If there are additional owners please copy this section, sign, and attach to the application*

If the property is owned by a corporation, trust, partnership or LLC please complete the entity signature block below showing that the person signing has the authority to sign on behalf of the company.

ENTITY SIGNATURE BLOCK

Applicant/Legal Owner: _____

Officer name: _____

Title: _____

Signature: _____ Date: _____

THE ABOVE SIGNED OFFICER OF _____ *(name of entity)*

WARRANTS AND REPRESENTS THAT ALL NECESSARY LEGAL AND CORPORATE ACTIONS HAVE BEEN DULY UNDERTAKEN TO PERMIT _____ *(name of applicant)* TO SUBMIT THIS APPLICATION AND THAT THE ABOVE SIGNED OFFICER HAS BEEN DULY AUTHORIZED AND INSTRUCTED TO EXECUTE THIS APPLICATION.

Any information submitted to the Benton County Planning Division is subject to public records disclosure law for the State of Washington (RCW Chapter 42.56) and all other applicable law that may require the release of the documents to the public.

PARCEL INFORMATION

1. **Subject property address**: _____

   City: _____ **State:** _____ **ZIP:** _____

2. **Parcel number:** __ – __ __ __ __ – __ __ __ – __ __ __ __ – __ __ __

3. **Total acreage of property:** _____

4. **Total number of residences currently on the property:** _____

5. **Describe characteristics of the surrounding properties:** _____

   _____

6. **Type of residence to be placed on the property:** ☐ Site Built Home ☐ Manufactured Home

7. **Applicant has obtained the following approvals/permits?**

   a. Benton-Franklin Health District: ☐ Yes ☐ No

   b. Municipality (water/sewer): ☐ Yes ☐ No ☐ N/A

   c. Benton County Building Department: ☐ Yes; permit # _____ ☐ No

   d. Other _____

8. **Access:** ☐ County Road ☐ State Road/Highway ☐ Private Road

9. **Utilities:** *Power:* ☐ Benton PUD ☐ Benton REA

   Sewer: ☐ Septic Tank ☐ City Sewer: *(Provider)* _____

   Water: ☐ Individual Wells ☐ One well serving 2-4 lots ☐ One well serving 5+ lots

   ☐ Private System *(Provider & Address)* _____

   ☐ City System *(Provider)* _____

   Gas: ☐ No ☐ Yes: *(Provider)* _____

   Cable: ☐ No ☐ Yes: *(Provider)* _____

   Phone: ☐ No ☐ Yes: *(Provider)* _____

   Irrigation: ☐ No ☐ Private ☐ District: *(Provider)* _____

10. **Additional comments or information:** _____

    _____

(FOR STAFF USE ONLY) *Access: Y N* *Application Complete: Y N*

Critical Areas: N Y: _____ *Zoning:* _____

Reviewed by: _____ *Date:* _____

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