



## ATTACHED ACCESSORY DWELLING UNIT INFORMATION

### What is an Attached Accessory Dwelling Unit?

An attached accessory dwelling unit is an additional room or set of rooms located within a single family structure and designed, arranged, occupied or intended to be occupied by not more than one (1) household as living accommodations independent from any other household.

### The Process

After a completed Attached Accessory Dwelling Unit application is submitted the Planning Administrator will review all the information submitted and the application will either be approved or denied.

### Criteria for Approval

1. The accessory dwelling unit must be located within or attached to the single-family dwelling unit with a common wall.
2. The single-family dwelling may be a manufactured home or a site built home. Manufactured homes shall obtain Washington State Labor and Industries approval on any modifications or additions to the home prior to receiving building permit approval by Benton County.
3. The appearance and character of the single-family residence shall be maintained when viewed from the surrounding neighborhood. Whenever possible, any new entrance shall be placed at the side or rear of the building.
4. The occupant of the accessory dwelling unit must be related to the occupant or be providing or receiving continuous care and assistance necessitated by advanced age, illness, or other infirmity. If the occupant of the accessory dwelling unit does not comply with this standard, the applicant may apply for a conditional use permit (see Chapter 11.50 BCC).
5. An accessory dwelling unit may be used as part of a Bed and Breakfast Facility if the single-family dwelling is approved to operate as a Bed and Breakfast Facility (see BCC 11.42.030) and said approval includes the use of the accessory dwelling unit.
6. The proposed use complies with all applicable requirements of the Benton Franklin District Health District, Department of Social and Health Services, Benton County Rural Water Supply Program, Department of Ecology or any municipality providing water or sewer.

**IF A PERMIT IS ISSUED**, the applicant must record the permit and covenant with the Benton County Auditor, paying all applicable fees, and provide the Planning Division with proof of recording. A building permit will be not issued until this is done.

### Appeals

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

### Expiration

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



## ATTACHED ACCESSORY DWELLING UNIT CHECKLIST

Applicant    Staff

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Completed Attached Accessory Dwelling Unit Application</b> – must include signatures of all parties with ownership interest. Incomplete applications will not be accepted.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Interior Floor Plan-</b> A labeled floor plan of the proposed ADU that includes room dimensions and square footage.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Site Plan Map</b> – 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. <i>No site plans larger than 11" x 17" and only maps drawn in <b>black ink</b> will be accepted.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>\$100.00 Attached Accessory Dwelling Unit Permit Fee</b> – The fee must be paid at the time of application submittal, cash or checks accepted. Checks made payable to the <b>Benton County Treasurer</b> . All application fees are non-refundable.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Written Approval</b> – Documentation of approval of proposed method of water supply and sewage disposal by the appropriate governmental agency, municipality, or private purveyor.   |

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



**ATTACHED ACCESSORY DWELLING UNIT APPLICATION**

File 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: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

PARCEL INFORMATION

1. **Subject property address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

2. **Parcel number :** \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - **Acres:** \_\_\_\_\_

3. **Present use of property:** \_\_\_\_\_

\_\_\_\_\_

4. **Name of occupant of proposed ADU and their relationship to the Property Owner:**

\_\_\_\_\_

\_\_\_\_\_

5. What is the square footage of the current home on the property? \_\_\_\_\_

6. What is the square footage of the proposed ADU? \_\_\_\_\_

7. **Access:**  County Road  State Road/Highway  Private Road