



**RESIDENTIAL ACCESSORY DWELLING
UNIT (ADU) PERMIT APPLICATION**
510-B Pioneer Street/PO Box 608
Ridgefield, WA 98642
Tel: (360)887-3908
Fax: (360)887-0861
www.ridgefieldwa.us

OFFICE USE ONLY

PERMIT NUMBER

NOTE: A TYPE II [LAND USE REVIEW](#) IS REQUIRED PRIOR TO BUILDING PERMIT APPROVAL FOR AN [ACCESSORY DWELLING UNIT](#). (May be reviewed concurrently with building permit) Must meet criteria within Ridgefield Municipal Code Section [18.206.030](#).

- ☐ **ACCESSORY DWELLING UNIT (ADU) REMODEL OR ADDITION TO EXISTING RESIDENCE OR GARAGE**
- ☐ **ACCESSORY DWELLING UNIT (ADU) DETACHED STRUCTURE**
- ☐ New structure.
 - ☐ Remodel within a detached structure.
 - ☐ Addition to an existing detached structure.

A. CONTACT INFORMATION

PROPERTY OWNER:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

(Original signature or a letter of authorization from the owner required)

APPLICANT:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Signature: _____

CONTRACTOR:

☐ Check box if primary contact

Contact Name: _____

Company: _____

Address: _____ City, State, ZIP: _____

Phone: _____ Email: _____

Contractor's License #: _____ Exp. Date: _____

City of Ridgefield Business License #: _____ Exp. Date: _____

Signature: _____

CERTIFIED EROSION CONTROL PERSON: _____

B. SITE INFORMATION

Site Address: _____

Subdivision: _____ Phase: _____ & Lot: _____ Parcel #: _____

Existing Residence	
SF of Residence	
SF of Garage	
SF of Existing ADU, if applicable	

C. BUILDING PERMIT INFORMATION

Remodel or Addition to existing Residence or Garage for ADU		
	Prior to Remodel/Addition for ADU	After Remodel/Addition for ADU
SF of Residence		
SF of Garage		
SF of ADU		

Detached Structure for ADU	
Remodel to Existing Detached Structure	
• SF of existing detached structure	
• SF for proposed ADU	
• Height of structure	
Addition to existing Detached Structure	
• SF of Existing detached structure	
• SF of ADU addition	
• Total SF of structure after addition	
• Height of ADU Addition	
New Detached Structure for ADU	
• SF for proposed ADU	
• Height of ADU Structure	

Utilities: ☐ Public Water/meter size_____ ☐ Private Well ☐ Public Sewer ☐ Septic System

Type of Heat ☐ Electric ☐ Gas ☐ Other: _____

D. SUBMITTAL INFORMATION

☐ **1. [New-SFR-Duplex-Addition-Checklist-PDF](#)**

FEES

Fees are based on the valuation of the project. The Plan Check fee is required to be paid at the time of application. All other fees can be paid at permit issuance.

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City as to any claim (including costs, expenses and attorney's fees incurred in investigation of such claim) which may be made by any person, including the undersigned, an filed against the City, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application. The building official may, in writing, suspend or revoke a permit issued under the provisions of this code whenever a permit is issued in error or on the basis of incorrect information supplied, or in violation of any ordinance or regulation or any of the provisions of this code.

Signature of Owner/Authorized Agent_____Date_____

(Original signature required)