

Application For Accessory Dwelling Unit

(ADU)

		Last Revised 1-20)25	
ADU Site Add	ess			
	Parcel #	(if available)		
vpplicant(s)				
Name(s)				
Mailing Address _		City	State	Zip
Phone Number		Phone Number	·	
	-		d not more than 800 s	quare feet, excluding any related
	This accessory dwelling unit	t shall not be more than or	ne (1) story, or fifteer	or feet (15') in height
	The ADU shall comply with which it is located	all setback, building code a	and health code requi	rements for the zoning district in
	The accessory dwelling unit	: may be attached to, or de	etached from, the prim	ary dwelling unit
	Only one (1) ADU is permit	tted per residentially zonec	d lot.	
		ad to the city utilities of th	e PDU for that lot and	may not have separate utility
:				for this section, telephone and

under common ownership

The owner of the property shall notify a prospective buyer of the limitations of this subsection and to provide for the removal of improvements added to convert the premises to an accessory dwelling unit and the restoration of the site to a single-family dwelling in the event that any condition of approval or siting is violated. [Subsection 33 adopted, Ordinance No. 2011-11-01.]

NOTICE: Any person, firm, or corporation violating the provisions of this title, unless otherwise specified as an infraction, is guilty of a misdemeanor. Each day the violation continues is considered a separate offense. Upon conviction, the person shall be punished by a fine of up to \$1,000, imprisonment for up to 6 months, or both.

Acknowledgement Statement

I/We, the undersigned applicant(s), acknowledge and agree to obtain all required building permits through Cassia County, Idaho, prior to commencing any construction or development. I/We further agree to comply with all applicable building codes, ordinances, and requirements as established by Cassia County. Additionally, I/We acknowledge and agree to comply with the requirements and regulations outlined in Albion City Code 5, Chapter 1, Section 17, governing "Accessory Dwelling Units (ADU)," as reviewed and initialed above.

By signing below, I/We affirm our understanding and commitment to adhere to these conditions and requirements.

Applicant(s):

Signature:	Date:
Print Name:	
Signature:	Date:
Print Name:	

For Official Use Only

Date Application Received:	
Reviewed By:	Date:
Title:	-
Approval Signature:	Date:
Title:	