CITY OF HERMISTON

APPLICATION FOR ACCESSORY DWELLING UNIT ***THIS IS NOT A BUILDING PERMIT***

Applicant Name:			Date:		
Address:			Phone:(Daytime)		
Property Owner(s) Na	me (If Different):			(Daytime)	
Address:			Phone:		
Legal Description of F	Property: Assessor Map No):	_ Tax Lot No:	(Daytime)	
	ent Zoning: Total Sq. Ft. of Parcel:				
	sting structures (house, ga				
Sq. Ft. of Existing Bldg(s) on Property: Existing Bldg(s) Height/No of Stories:				ories:	
	DU:				
	d ADU: Front yard				
Parking Spaces Requ	ired for ADU:	No. Provided:			
Proposed Type of AD	U (attached, detached, in	existing home, etc)			
 Evidence that make an appli Two copies of proposed or expression 	MATION TO BE FURNISH applicant is owner or purc cation for the accessory do a site plan (11"x17") drawn xisting building(s), and the	haser of the property or livelling unit. In to scale, showing the lole location of all highways,	nas written permissi cation of the propert streets and alleys.	y concerned with all	
	s are true to the best of my nitted to and approved by t		his is not a building	permit. All building	
I am the owner/ letter signed by own	owner's authorized re	presentative. (If authoriz	zed representative	, please attach	
Applicant's Signature			Date:		
Office Use Only					
Date Filed: Fee: \$200.00	Received By: Date Paid:	Meeti	ing Date:ipt No:		