

**PROJECT NARRATIVE**

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

- 9. **Narrative project description (include as attachment):** Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.
- 10. **Describe how this proposal meets the criteria of 17.60B.050 for Administrative Uses.**
- 11. **Describe the development existing on the subject property and associated permits.** List permit numbers if know. (i.e. building permits, access permits, subdivisions)
- 12. **Name the road(s) or ingress/egress easements that provide legal access to the site.**
- 13. **An Accessory Dwelling Unit is allowed only when the following criteria are met.** Please describe in detail how each criteria found in KCC 17.08.022 is met for this particular project:
  - A. ADU's shall be allowed as a permitted use within designated Urban Growth Areas
  - B. ADU's shall be subject to obtaining an Administrative Use permit in areas outside Urban Growth Areas
  - C. There is only one ADU on the lot.
  - D. The owner of the property resides in or will reside in either the primary residence or the ADU.
  - E. The ADU does not exceed the square footage of the habitable area of primary residence.
  - F. The ADU is designed to maintain the appearance of the primary residence.
  - G. The ADU meets all the setback requirements for the zone in which the use is located.
  - H. The ADU has or will meet the applicable health department standards for potable water and sewage disposal.
  - I. No mobile homes or recreational vehicles shall be allowed as an ADU.
  - J. The ADU has or will provide additional off-street parking.
  - K. The ADU is not located on a lot in which a Special Care Dwelling or an Accessory Living Quarter already exists.

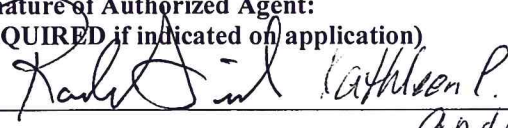
**AUTHORIZATION**

- 14. Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made, the right to enter the above-described location to inspect the proposed and or completed work.

**All correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.**

Signature of Authorized Agent:

(REQUIRED if indicated on application)

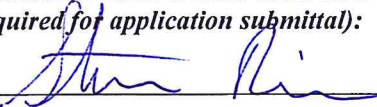
X   
Anderson

Date:

5-7-14

Signature of Land Owner of Record

(Required for application submittal):

X 

Date:

5-7-14