



## ESCALANTE CITY

56 NORTH 100 WEST ▪ P.O. BOX 189 ▪ ESCALANTE, UT 84726  
Phone: (435) 826-4644 ▪ FAX: (435) 826-4642

### SITE PLAN check list for ADU

#### CONTACT INFORMATION

Property owner: \_\_\_\_\_

Primary Residence Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Primary Residence Square Footage \_\_\_\_\_

Phone: \_\_\_\_\_ cell: \_\_\_\_\_ fax: \_\_\_\_\_

Email address: \_\_\_\_\_

#### **PROJECT INFORMATION**

Name: \_\_\_\_\_

ADU Address: \_\_\_\_\_

Size of the subject property: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

ADU Square Footage \_\_\_\_\_ ADU building height \_\_\_\_\_

**Site Plan:** The applicant shall submit a site plan drawn to an acceptable scale to display the following:

- Lot dimensions;
- Access ways, including driveways;
- Footprints of existing primary and accessory buildings on site;
- Proposed ADU and accessory buildings, (ADU shall not exceed 1000 square feet outside dimension);
- Location and dimensions of structures;
- Typical elevations of such buildings, ADU shall be designed to preserve or compliment the architectural design, style and appearance of the primary single-family dwelling shall be the same or an improvement to, the appearance of the primary dwelling unit and include the following on the site plan;
  - roof pitch,
  - siding material,
  - color,
  - required or recorded easements on the property,

Accessory dwelling unit shall not be condominiumized or sold separately and shall not be rented to guests for periods of less the 30 consecutive days. A Deed Restriction (attached) shall be signed and recorded prior to issuance of the building permit for the ADU, affirming the aforementioned requirement.



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## ACCESSORY DWELLING UNIT (ADU) APPROVAL FORM

Application Fee \$100.00

APPLICANT(S) \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY OWNER(S) \_\_\_\_\_

PROJECT LOCATION \_\_\_\_\_ P.O. BOX # \_\_\_\_\_

PROPOSED PROJECT \_\_\_\_\_

(Describe all changes to present use of land and building). Only specific requests will be approved. Upon approval Contact Garfield County for Building Permit 1-800-636-8826 Ext. 111.

SITE PLAN (Attach a sketch showing property lines, location of City services and building, and approximate measurements)

ARCHITECTURAL DESIGN (Attach a design with the floor plan and elevation which need not be to scale)

ZONING DISTRICT \_\_\_\_\_

I hereby certify that the information provided on this application is complete and correct. I will comply with all relevant Ordinances of Escalante City in executing this project. All Project must be started within a year of approval or this application will be void and any and all fees are NON-REFUNDABLE.

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

### CITY USE ONLY BELOW

- Project does not require culinary water.
- Property owner has sufficient culinary water on-site for this project.
- New culinary water service is available and approved for this project.

City Council, Water \_\_\_\_\_ Date \_\_\_\_\_

City Council, Streets \_\_\_\_\_ Date \_\_\_\_\_

- Project does not require a sewer connection.
- Property owner has sufficient sewer capacity on site for this project.
- New sewer service is available and approved for this project.
- A septic permit from Southwest Utah Health Department is required.

City Council, Sewer \_\_\_\_\_ Date \_\_\_\_\_

- Adequate water and access for firefighting is provided at this site.
- Firefighting capacity does not exist at this point:

Applicant(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Fire Department Chief \_\_\_\_\_ Date \_\_\_\_\_

- Project includes no changes to land use or building dimension or use.
- Conditional Use Permit required.
- Project has been reviewed by the Planning Commission and approved.

Planning Commission, Chair \_\_\_\_\_ Date \_\_\_\_\_

Project Approved By Escalante City

Mayor \_\_\_\_\_ Date \_\_\_\_\_

**DEED RESTRICTION**

**RESTRICTIVE COVENANT**

I/We, \_\_\_\_\_, dated \_\_\_\_\_, and recorded with the Garfield County Recorder in Book \_\_\_\_\_, Page \_\_\_\_\_, being the owners of the premise identified as \_\_\_\_\_, Garfield County, Utah, Parcel # \_\_\_\_\_,

ADU address \_\_\_\_\_ hereby declare a restrictive covenant, a limitation that the accessory dwelling located on said premises shall not:

1. exceed fifty percent (50%) of the size of the principle dwelling or one thousand (1,000) square feet excluding the basement.
2. contain habitable square footage less than three hundred (300) square feet.
3. Exceed one story above ground and to twenty feet (20') or the height of the principal structure, whichever is less.
4. be condominiumized or sold separately,
5. be rented to for periods of less than thirty consecutive days,
6. exceed an occupancy greater than three (3) related or unrelated adults and their children.

Legal Description:

\_\_\_\_\_

STATE OF UTAH)

COUNTY OF GARFIELD)

I/(we) \_\_\_\_\_, being duly sworn, depose and say that I (we) am (are) the owner(s) of the property identified in the attached map and other exhibits are in all respects true and correct to the best of my (our) knowledge. I (we) also acknowledge I (we) must occupy either the principal unit or the ADU, as my/our permanent residence and at no time receive rent for my/our owner occupied unit.

\_\_\_\_\_ (Property Owner)

\_\_\_\_\_ (Property Owner)

Subscribed and sworn to me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Residing in: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_