



CITY OF DES MOINES

PLANNING, BUILDING, AND PUBLIC WORKS DEPARTMENT

ACCESSORY LIVING QUARTER APPLICATION

ALQ

ATTACHED AND
DETACHED

Application Date: _____

Permit No.: _____

PROJECT INFORMATION

King County Tax Assessor Number (Parcel Number): _____

Property Owner: _____ Owner's Phone Number: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Contact number: _____

Will either the primary unit or the accessory living quarter be utilized as a rental: _____

CHECK ONE OF THE FOLLOWING BOXES

- Type I: New attached ALQ
- Type II: New detached ALQ
- Type III: Registration of an existing ALQ constructed under an approved building permit (Must Show Proof)
- Type IV: Registration of an existing accessory living quarter not constructed under an approved building permit

FEE SCHEDULE

DESCRIPTION	FEES
Type I, Type II, and Type IV	\$1,010.00
Type III	No Fee
Automation Fee	See Automation Fee Schedule

Receipt Number: _____

Date: _____

Total Fees: _____

PERMIT SUBMITTAL REQUIREMENTS

- FLOOR PLAN DRAWINGS**
 - Floor plan of the ALQ
 - Floor plan of the primary dwelling unit (if attached)
 - Entrances of primary dwelling unit and ALQ (existing & proposed)

- SITE PLAN DRAWINGS**
 - Scale/north arrow
 - Street/driveway location
 - Lot dimensions
 - Lot area
 - Primary dwelling unit footprint (including eaves and decks)
 - ALQ footprint (including eaves and decks)
 - Building Elevation (exterior view) of the proposed ALQ and the primary dwelling unit
 - Building setbacks from property lines
 - Location of utilities & easements
 - Show location of three on-site parking stalls
 - Locate the entrance of the primary dwelling unit and the ADU
 - Calculate the total lot coverage for the site (Includes areas covered by the eaves, decks, sheds, etc)
 - Other _____

- Application fee
- Certification of Owner Occupancy/Deed Restriction and Recording Fee
- Business Licenses and appropriate fee (Rental Only)

OFFICE USE ONLY

<i>To be completed by Planning, Building & Public Works Department staff</i>	
File Number: _____	Date received: _____
Reviewed by: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved w/ conditions (attach conditions of approval)	Date: _____

Comments: