City of Duvall
Community Development Department
PO Box 1300
14525 Main Street NE
Duvall, WA 98019

Certificate of Accessory Dwelling Unit (ADU)

FOR STAFF USE ONLY	
File No:	Date Received:

Owner Name: Owner Phone: Owner Mailing Address:	Assessor/Tax Parcel Number: Legal Description:

Location:	☐ within primary dwelling unit ☐ within existing garage of primary dwelling unit ☐ detached garage ☐ attached garage ☐ detached on same lot of primary unit
The total square footage of primary dwelling unit:	
The total square footage of the proposed ADU:	
Existing parking spaces:	Additional parking spaces required:

I have read and understand that failure to comply with the accessory dwelling unit requirements as listed in Duvall Municipal Code Chapter 14.48 is ground for immediate revocation of the accessory dwelling unit permit. I certify that I am the owner of this residence and have read and understand all applicable City requirements.
I certify under the penalty of perjury under laws of the State of Washington that the above information is true and correct.

Owner's Signature: Date:

FOR STAFF USE ONLY

Planning Date: Initials:	***Building*** Date: Initials:	***Fire*** Date: Initials:	***Public Works*** Date: Initials: