

Seattle-King County Health Department
APPLICATION FOR ACCESSORY DWELLING UNIT (ADU with kitchen)
On an Individual Well

Submit application with plot plan in triplicate

FEE: (2-hour review fee) see fee schedule

Date _____

SR # _____

Source Site Parcel #

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Site Address: _____

Applicant Name: _____ Phone _____

Address: _____

City Zip

Designer Name: _____ Phone _____

FOR HEALTH DEPARTMENT USE ONLY

APPROVED _____ BY: _____
(Date)

DISAPPROVED _____ BY: _____
(Date)

COMMENTS _____

Public Health Seattle & King County
14350 SE Eastgate Way
Bellevue, WA 98007
Phone (206) 477 8050 Fax (206) 296-9792

Received
