



PLANNING AND DEVELOPMENT SERVICES

BOISE CITY HALL: 150 N. CAPITOL BLVD | MAIL: PO BOX 500, BOISE, ID 83701-0500
CITYOFBOISE.ORG/PDS | P: 208-608-7100 | F: 208-384-3753 | TTY/TTD: 800-377-3529

Record No.:

For Office Use Only

Accessory Dwelling Unit

Address

Street No.: Direction: Street Name: Street Type: Unit Type: Unit No.:

City: State: Zip Code: Zoning District:

Parcel Number: Subdivision Name: Block: Lot:

Additional Parcel Numbers:

Applicant Information Primary Contact

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Representative Information Primary Contact Same as Applicant?

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Owner Information Primary Contact Same as Applicant?

First Name: Last Name: Company:

Address: City: State: Zip Code:

Email: Main Phone: Cell Phone:

Project Information

Project Name (if applicable):

Project Proposal: - Please provide a brief narrative of your project in the Project Proposal field, and answer all other questions to the best of your ability.

Property Information

Size of Property: - Acres

Accessory Dwelling Unit

Gross square footage of proposed ADU: - Sq.Ft.

Gross square footage of existing home: - Sq.Ft.

Do you have two proofs of Owner Occupancy:

Yes No

Have you notified adjacent property owners and occupants: -

Adjacent properties include across streets, alleys and right of ways, including canals.

Yes No

How many bedrooms are proposed:

How many off-street parking spaces are provided between the primary residence and the proposed ADU:

Submittal Requirements

This application includes a Submittal Checklist that lists additional documents that are required with the submittal of this application. Please download and complete the appropriate submittal checklist below:

- [Accessory Dwelling Unit Submittal Checklist](#)

By signing below:

1. The undersigned is the owner of the indicated property or acting as the owner's authorized representative.
2. The undersigned declares that the above provided information is true and accurate, and acknowledges that failure to provide true and accurate information may result in rejection of this application, possible revocation of the permit where wrongfully issued and subject the undersigned to any applicable penalties.

Print Authorized Representative or Owner's Name

Authorized Representative or Owner's Signature

Date