



Accessory Dwelling Unit Application/Checklist

City of Charleston

Deliver original application to:

City of Charleston Permit Center, Zoning Desk
2 George St, Charleston, SC 29401

DO NOT FAX – DO NOT EMAIL

A completed application and all required documentation must be submitted together. **Incomplete applications will be DENIED and will not be processed.** All questions MUST be answered legibly in blue or black ink. Additional information may be required. For additional information please visit www.charleston-sc.gov/2499/Accessory-Dwelling-Unit-ADU

OWNER AND APPLICANT'S INFORMATION	<p>Project Address: _____</p> <p>Property ID #/Tax Map # (PIN/TMS): _____</p> <p>Applicant Name: _____</p> <p>Mailing Address for applicant: _____</p> <p>Email address: _____</p> <p>Daytime Phone _____ Mobile Phone _____</p> <p>Property Owner: _____</p> <p>Address: _____</p> <p>Daytime Phone _____ Mobile Phone _____</p> <p>Email address: _____</p> <p>Is the ADU being subsidized by the City of Charleston Housing and Community Development Department? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
SITE PLAN CHECKLIST	<ul style="list-style-type: none"><input type="checkbox"/> Title Block labeled as ADU Site Plan with subdivision name, property address and TMS number<input type="checkbox"/> North Arrow<input type="checkbox"/> Graphic and numeric scale<input type="checkbox"/> Complete floor plans, drawn to scale<input type="checkbox"/> Lot boundaries<input type="checkbox"/> Lot acreage/square footage<input type="checkbox"/> Significant topographic and physical features, including location, size and species of protected trees within the lot (24" D.B.H. or larger)<input type="checkbox"/> Location and dimensions of all existing structures (principal and accessory)<input type="checkbox"/> Location and dimensions of proposed ADU. If ADU is located less than 15 feet from a property line, show the location of principal structures on adjacent properties.<input type="checkbox"/> Height of proposed ADU to eave and to top of roof (include elevations)<input type="checkbox"/> Calculation of building coverage on lot in square feet.<input type="checkbox"/> Setbacks: minimum front, rear and side setbacks. All easements, buffers, OCRM critical line/setback shall be clearly identified and correctly labeled.<input type="checkbox"/> Clearly labeled location of all required off-street parking spaces. One off-street parking space is required for the ADU and shall be labeled ADU Parking Space. Any and all spaces required for the principal dwelling unit shall be clearly designated as such. Parking spaces must be 18.5'x 9'.

SUBMITTAL CHECKLIST	<input type="checkbox"/> ADU application with property owner's original signature <input type="checkbox"/> Site plan containing information in preceding section <input type="checkbox"/> Draft Declaration of Covenants and Restrictions.	
Signature of Property Owner(s) _____ Date _____		
OFFICE USE ONLY	date & time application received:	staff:
Results: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Disapproved		Date:
Conditions: _____		