



## 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](http://www.charleston-sc.gov/2499/Accessory-Dwelling-Unit-ADU)

<b>OWNER AND APPLICANT'S INFORMATION</b>	<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>
<b>SITE PLAN CHECKLIST</b>	<ul style="list-style-type: none"><li><input type="checkbox"/> Title Block labeled as ADU Site Plan with subdivision name, property address and TMS number</li><li><input type="checkbox"/> North Arrow</li><li><input type="checkbox"/> Graphic and numeric scale</li><li><input type="checkbox"/> Complete floor plans, drawn to scale</li><li><input type="checkbox"/> Lot boundaries</li><li><input type="checkbox"/> Lot acreage/square footage</li><li><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)</li><li><input type="checkbox"/> Location and dimensions of all existing structures (principal and accessory)</li><li><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.</li><li><input type="checkbox"/> Height of proposed ADU to eave and to top of roof (include elevations)</li><li><input type="checkbox"/> Calculation of building coverage on lot in square feet.</li><li><input type="checkbox"/> Setbacks: minimum front, rear and side setbacks. All easements, buffers, OCRM critical line/setback shall be clearly identified and correctly labeled.</li><li><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 <i>ADU Parking Space</i>. Any and all spaces required for the principal dwelling unit shall be clearly designated as such. Parking spaces must be 18.5'x 9'.</li></ul>

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