



Alachua County
Department of Growth Management
 10 SW 2nd Ave., Gainesville, FL 32601
 Tel. 352.374.5249, Fax. 352.338.3224
<http://growth-management.alachuacounty.us>

Submit Application to: **Building Division**
 building@alachuacounty.us
 Tel. 352.374.5243
 Fax. 352.491.4510

CHECKLIST FOR ACCESSORY DWELLING UNITS IN "A" DISTRICT

(Section 404.24 of ULDC)

GENERAL INFORMATION (BY APPLICANT)

(If Applicant is different from the owner, attach a letter of authorization – see Section 402.06 of ULDC)

Applicant: _____ Property Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

Tax Parcel #: _____ - _____ - _____ Section: _____ Township: _____ Range: _____ Grant: _____

Zoning: _____ Land Use: _____

➔ Submit with the building permit application proof that a signed, notarized affidavit (included in the application packet) was recorded in the real property records of Alachua County in accordance with §404.24(e) of the ULDC.

Applicant	Building Specialist	
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | If off-street parking is provided for the accessory dwelling unit it shall be on the same lot as the principal building and must be served by the same driveway. |
| <input type="checkbox"/> | <input type="checkbox"/> | The property has at least one acre of buildable area outside any regulated conservation areas as determined by the Alachua County Environmental Protection Department. |
| <input type="checkbox"/> | <input type="checkbox"/> | The property is at least 5 acres in size, or if less than five acres the units will not exceed a combined sewage flow of 700 gallons per day as determined by the Florida Department of Health. |
| <input type="checkbox"/> | <input type="checkbox"/> | The accessory dwelling unit meets all standards applicable within the Agriculture zoning district, including required setbacks and building height limits. |
| <input type="checkbox"/> | <input type="checkbox"/> | The accessory dwelling unit is required to meet the applicable requirements of the Florida Department of Health for the well and septic system. |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant submitted proof of homestead exemption status for the lot. |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant submitted a copy of the signed and notarized Property Owner's Affidavit for Accessory Dwelling Units |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant submitted floor plans including square footage of proposed accessory unit. |
| <input type="checkbox"/> | <input type="checkbox"/> | Applicant submitted site plan showing location of all existing and proposed improvements on the lot. |
| <input type="checkbox"/> | <input type="checkbox"/> | The living area of the accessory unit is a maximum of 50% of the principal residence or 1000 sq. ft., whichever is greater. |

I have completed this checklist accurately and acknowledge that if omissions or errors are found by Growth Management staff they will cause delays in the processing of my permit and may result in additional fees.

Application Processing Fee: \$70 – payment due with application submittal

Signature of Applicant _____ Date _____

FOR BUILDING DIVISION USE ONLY

Approved for Processing: Yes No Date Received _____ Building Specialist Initials _____

Director of Growth Management or Designee _____ Date _____

Application #: _____ Receipt # _____