



ACCESSORY DWELLING UNIT APPLICATION

Oglethorpe County Planning + Development – oglethorpecountyga.gov
 P.O. Box 261 · Lexington, Georgia 30648 · 706-743-5270

Please provide the following information along with your completed application.

- a. Recorded Plat. Book _____ Page No. _____
- b. Recorded Deed. Book _____ Page No. _____
- c. Recorded Affidavit. Book _____ Page No. _____
- d. Sketch showing location of ADU on property.
- e. Building Permit or Manufactured Home Movement Permit.

Property Owner(s): _____

Address: _____

Phone: _____

Email: _____

Tax Parcel No. _____ **Zoning:** _____ **Total Acreage of parcel:** _____

A lot containing an Accessory Dwelling Unit (ADU) shall be occupied by the owner of the premises. The owner may live in either the ADU or the principal dwelling unit.

The ADU will be:

| | | | |
|------------------------------------------------------|--------------------------------|-----------------------------------------|---------|
| Detached from Principal Dwelling | Attached to Principal Dwelling | | |
| Site-built | Manufactured Home | Heated square footage of ADU : | _____sf |
| | | Unheated square footage of ADU : | _____sf |
| Heated square footage of Principal Dwelling : | _____sf | # of Bedrooms ADU : | _____ |
| | | # of Occupants ADU : | _____ |

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 12 MONTHS, OR IF CONSTRUCTION OF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 12 MONTH AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OF LOCAL LAW REGULATING CONSTRUCTION OF THE PERFORMANCE OF CONSTRUCTION.

APPLICANT SIGNATURE: _____ DATE: _____

THIS SECTION FOR STAFF USE ONLY

| | | | |
|----------------------------|-------|------------------------|-------------------------------------------------------------------------|
| RECEIVED DATE: | | PERMIT #: | B _____ |
| ASSOCIATED PERMITS: | | STAFF INITIALS: | _____ |
| FEE : | _____ | DATE OF C.O.: | _____ <input type="checkbox"/> N/A |
| NOTES: | | | WAIVER: <input type="checkbox"/> YES <input type="checkbox"/> NO |



ACCESSORY DWELLING UNIT AFFIDAVIT

RETURN RECORDED AFFIDAVIT TO:

IN RE: _____
(Property Owner(s)' name(s) as it appears on deed)

Oglethorpe County Board of Commissioners
105 Union Point Street
Lexington, GA 30648

PARCEL NO. _____

PROPERTY OWNER'S AFFIDAVIT

GEORGIA, OGLETHORPE COUNTY

Personally appeared before the undersigned attesting officer, duly authorized to administer oaths in said State and County, who after being duly sworn, deposes and says upon oath:

Affiant(s) is/are _____ of _____,

the owners of property conveyed by deed recorded with the Oglethorpe County Clerk of Superior Court, Book _____ Page _____.

Affiants, having been granted a permit authorizing an accessory dwelling unit (ADU) pursuant to §Text Amendment approved July 3, 2014 of the Oglethorpe Zoning Code, do hereby acknowledge and agree, as follows:

I/We will comply with the requirements of the aforesaid accessory dwelling ordinance (ADU) adopted by Oglethorpe County, including but not limited to the following provisions.

Excerpts from Oglethorpe County accessory dwelling ordinance, as of the date of application:

- A lot or parcel of land containing an ADU shall be occupied by the owner of the premises.
- The owner may live in either the ADU or the principal dwelling unit.
- No more than one (1) ADU is permitted per R1, AR, A2, and A1 lot.
- The living area of a detached ADU shall be limited to a maximum of 800 square feet of living area.
- The living area of a detached ADU shall require a minimum of 450 square feet of living area.
- An ADU shall have no more than one (1) bedroom.
- An ADU shall be limited to two (2) occupants, not including individuals serving as health care providers.

Further, the requirements contained in the accessory dwelling ordinance run with the land provided that the conditions of the aforesaid ADU ordinance are complied with in every respect.

Sworn to and subscribed
before me on this the
____ day of _____, 20____.
Notary Public

Owner name & signature