

Clay County Division of Planning and Zoning  
**Accessory Dwelling Unit Application (ADU)**



**Applicant and Parcel Information**

Property Owners Name: \_\_\_\_\_

Owners Phone Number: \_\_\_\_\_ Owners Email: \_\_\_\_\_

Parcel Identification Number (PIN): \_\_\_\_\_

Property Address: \_\_\_\_\_

Existing Number of Structures on the Property (i.e. sheds, barns, primary structure) \_\_\_\_\_

Total Acreage of the Property: \_\_\_\_\_ Total Square Footage for all Structures: \_\_\_\_\_

Is the parcel the result of an Heirs or Homestead Lot Split:  Yes  No

Is there currently a Mobile Home for a Medical Hardship on the property:  Yes  No

what is the exterior finish of the existing home:  Brick  Stucco  Block  Wood  Other\*

\* if other state material: \_\_\_\_\_ Exterior Color: \_\_\_\_\_

**ADU Information and Attachments**

Proposed Square Footage: \_\_\_\_\_ Number of Additional Parking Spaces (1) minimum: \_\_\_\_\_

**Attachments (please check):**

- A dimensioned site plan showing location of proposed ADU as well as other buildings, parking, and setbacks
- ADU building elevations in color  Floor Plan  Color photos of existing residence

**Applicant Acknowledgement**

I hereby affirm, understand and acknowledge that my request for an Accessory Dwelling Unit shall be in accordance with the conditions described in Section 20.3-5(c) of the Clay County Land Development Code. I affirm that I have received a copy of this section and that the information that I have provided within this application and the required attachments are true and accurate. I understand that private covenants and restriction may not permit and ADU and that I have checked and confirmed that an ADU is permissible.

Hereby affirmed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ADU'S ARE SUBJECT TO ALL BUILDING PERMIT PROCESSES, FEES, IMPACT FEES, ETC. APPROVAL OF THE ADU DOES NOT CONSTITUTE APPROVAL OF ANY PERMIT OR THE WAIVER OF ANY FEE.**

**BE ADVISED THAT SOME SUBDIVISIONS HAVE COVENANTS AND RESTRICTIONS WHICH PROHIBIT ADU(S) AND OR SECOND PRIMARY STRUCTURES. PLEASE ENSURE THAT HAVING AN ADU OR SECOND DWELLING IS ALLOWED. THE COUNTY SHALL NOT BE LIABLE IF A BUILDING PERMIT IS ISSUED AND THERE ARE PRIVATE RESTRICTIONS WHICH PREVENTS ADU(S) AND SECOND PRIMARY STRUCTURES. COVENANTS AND RESTRICTIONS ARE ON RECORD AT THE CLERK OF THE CIRCUIT COURTS OFFICE OR YOU MAY CONTACT YOUR HOMEOWNERS ASSOCIATION.**

**Official Use**

Ap Number \_\_\_\_\_ Zoning \_\_\_\_\_  Approved  Denied

Ot number \_\_\_\_\_ Accepted By \_\_\_\_\_ Date \_\_\_\_\_

# Property Ownership Affidavit



Date \_\_\_\_\_

**Clay County Board of County Commissioners**

Division of Planning & Zoning

Attn: Zoning Chief

P.O. Box 1366 Green Cove Springs, Florida 32043

To Whom It May Concern:

Be advised that I am the lawful owner of the property located at \_\_\_\_\_  
and hereby consent to this application for an Accessory Dwelling Unit.

\_\_\_\_\_  
Owners Signature

Print Name \_\_\_\_\_

STATE OF FLORIDA COUNTY OF CLAY

The foregoing affidavit was sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

(month), \_\_\_\_\_ (year) by \_\_\_\_\_, who is personally known to me or has

produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Notary Signature)



Notary Seal