



Town of Camp Verde

Community Development Department

◆ 473 S. Main Street, Suite 108 ◆ Camp Verde, Arizona 86322 ◆
◆ Telephone: 928.554.0050 ◆ www.campverde.az.gov ◆

ACCESSORY DWELLING UNIT RENTAL PERMIT APPLICATION

This application is to confirm that the Accessory Dwelling Unit (ADU) is compliant with zoning and building codes. Inspection of the property may determine the need for separate permits for any building, electric, plumbing, or mechanical, as applicable.

ADU Rental Requirements:

1. Rental of ADUs are only permitted with an ADU Rental Permit.
2. Both existing and new ADUs must meet all applicable Building and Zoning Codes; an inspection will be required prior to issuance of an ADU permit.
3. Building and Zoning Code violations may invalidate an ADU permit.
4. A maximum of one ADU is permitted per parcel. Detached ADUs will not be allowed on parcels with a duplex or attached ADU.
5. ADUs must meet the applicable Zoning District requirements as to construction type and setbacks.
6. One parking space is required for the ADU.

In order to process an accessory dwelling unit rental permit, the following information must be submitted:

Completed Application:

Including property information, applicant information, designation of agent, and plot plan sketch.

Attached Site Plan Sketch:

- Assessor's Parcel Number
- Parcel Diagram (Including Property Lines and Dimensions)
 - Label front of property.
 - Label adjacent streets or alleys.
 - Indicate ingress/egress (driveway locations).
 - Indicate location, dimensions, sizes, and setbacks for the primary and accessory dwelling units.
 - Indicate location of existing and/or proposed parking for current residence and ADU.

Fees will be collected upon submittal of application in accordance with the current adopted fee schedule.

Revised 5/2/18



Handicap Relay: 711 or Voice: 1-800-842-4681 TTD: 1-800-367-8939





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Community Development – Building Division
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OFFICIAL USE ONLY:

PERMIT NUMBER: _____

TIME/DATE STAMP: _____

APPLICATION
ACCESSORY DWELLING UNIT
RENTAL PERMIT

PROPERTY INFORMATION:

PARCEL NUMBER: _____ - _____ - _____ PHYSICAL ADDRESS: _____

Will Accessory Dwelling Unit be rented for more than 30 days at a time? Yes / No

If No, a Town of Camp Verde Business License is required for Vacation By Owner rentals – provide copy of Business License # _____.

APPLICANT INFORMATION:

OWNER FAMILY MEMBER (RESIDENT) AGENT

APPLICANT NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: (_____) _____ - _____ E-MAIL: _____

Attention Applicant: If you are not the property owner, you must have something in writing from the property owner granting you permission to act on their behalf as agent. Or the following Designation of Agent clause must be signed by the property owner:

DESIGNATION OF AGENT

WHEREAS, the above property owner is seeking to rent an accessory dwelling unit situated on real property within the municipal limits of the Town of Camp Verde, Yavapai County, Arizona, which will require the filing, processing, and payment of certain zoning, construction and inspection permits and reports, both from the Town and related agencies, and WHEREAS, the owner elects to designate an agent with authority to file and process all necessary permits and information related to property zoning and improvement, including the authority to pay fees and consent to inspections, NOW THEREFORE, the undersigned owner hereby designates:

_____, whose address is: _____,
 as agent to file the permit applications and related documents with the Town of Camp Verde, with such authority to continue until the application process is complete or as may be earlier revoked in writing.

OWNER NAME: _____ SIGNATURE: _____ DATE: _____

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I DECLARE that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to comply with all provisions of the Ordinances of the Town of Camp Verde. I realize that the information that I have stated hereon forms a basis for the issuance of the Accessory Dwelling Unit Rental Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the Town Code or any other ordinance or to excuse the owner or his successors from complying therewith. Any improvements that may be deemed necessary will require the submittal of permits for building, electrical, plumbing, or mechanical, as applicable. I hereby certify that I am the OWNER at this address or that, for the purposes of obtaining this approval; I am acting on behalf of the owner.

NAME: _____ SIGNATURE: _____ DATE: _____

APPROVALS:

Please see attached Building Inspection Form.

Building Inspection Approval: _____ Date: _____

Please see attached Zoning Clearance Permit Form.

Zoning Clearance Approval: _____ Date: _____

Additional Remarks:

Community Development Director Approval: _____ Date: _____

OFFICIAL USE ONLY:

Building Inspection	\$
Zoning Clearance	\$
Total:	\$
Receipt #:	

Application Taken By:

ACCESSORY DWELLING UNIT RENTAL APPLICATION

PARCEL NUMBER: _____ - _____ - _____

SITE PLAN: Show lot/parcel lines and dimensions, adjacent streets and alleys, front of property, driveway, parking locations for both dwelling units, location of existing buildings including size and dimensions, setbacks and distances between buildings.

Verification of Site Plan (from site visit):

Building Official:

NAME: _____ SIGNATURE: _____ DATE: _____