



EAGAN

For Office Use

Permit #: _____

Date Received: _____

3830 PILOT KNOB ROAD | EAGAN, MN 55122-1810
(651) 675-5685 | TDD: (651) 454-8535 | FAX: (651) 675-5694
planning@cityofeagan.com

ACCESSORY DWELLING UNIT REGISTRATION

Accessory Dwelling Units (ADUs) shall comply with the following standards:

- ADU registrations shall be filed with the City Clerk and be in effect for a 12 month period and renewed annually.
- The property owner must reside in the primary residence or ADU as their permanent and legal address.
- An ADU must not be subdivided or otherwise segregated in ownership from the primary residence.
- An ADU's total floor area shall be no less than 300 square feet and no more than 960 square feet or 33% of the primary residence's footprint, whichever is less.
- No ADU shall be permitted if the building coverage on the lot exceeds or will exceed 20%.
- An ADU shall be located within or attached to the primary residence.
- The total number of residents in the ADU shall not exceed 2 persons. The ADU shall not contain more than two bedrooms.
- An occupancy of not less than thirty (30) consecutive days is required.
- Two off-street parking spaces shall be required for the ADU, in addition to two off-street parking spaces required for the primary residence.
- Building, Plumbing, Mechanical and/or Electrical Permits may be required for alterations to your home. Please contact Building Inspections at (651) 675-5675 if you have any questions. Smoke detectors are required within every sleeping room and Carbon Monoxide detectors are required within 10 feet of all sleeping rooms.

To Be Completed by Property Owner	Site Address: _____	
	Registration Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal	Date: _____
	Property Owner(s) Name: _____ Address Number/Street: _____ City: _____ State: _____ Zip: _____ Primary Phone: _____ Alternate Phone: _____ Email: _____	
Property Information		Location of ADU: _____ ADU square footage: _____ Number of Bedrooms: _____ Location of entry door: _____ Number of Residents: _____

I hereby acknowledge that this information is complete and accurate; that the Accessory Dwelling Unit will be in conformance with all ordinances and codes of the City of Eagan; that I understand this is only an application for a registration, and occupancy shall not occur prior to submittal and City review of a complete registration form.

x _____
Applicant's Printed Name

x _____
Applicant's Signature

Please submit to the Planning Division for review via email, mail or in-person.

To Be Completed by City Staff	Planning Review
	<p>Reviewed by Staff: _____ Date: _____</p> <p>Zoning:</p> <p>Building lot coverage:</p> <p>Square footage of ADU in comparison to primary residence:</p> <p>Comments:</p> <p><i>Note: The applicant is responsible for compliance with City Code Section 11.70, Subd. 32, C.,13. requiring the ADU shall be constructed and maintained in accordance with all state laws, state building, plumbing, electrical, mechanical, and fire code regulations and City Code requirements.</i></p>

A reviewed copy will be routed to the Property Owner(s) and City Clerk.