



**City of Richland
Development Services**

625 Swift Blvd. MS-35
Richland, WA 99352
☎ 509-942-7794
📠 509-942-7764

ACCESSORY APARTMENT UNIT APPLICATION

APPLICANT INFORMATION:			
Applicant or Sponsor Name:			
Applicant's Address:			
City:		State:	Zip:
Phone:	Fax:	Other:	
E-mail Address:			
PROPERTY INFORMATION:			
Tax Parcel #:			
Total square footage of lot:		Total square footage of residence:	
Total square footage of accessory apartment:		Number of bedrooms:	

When Recorded Return to:

City of Richland
Development Services
625 Swift Blvd.
Richland, WA 99352

DECLARATION OF ACCESSORY APARTMENT UNIT COVENANT

Street Address:

Legal Description:

Assessor's Property Tax Parcel or Account Number:

Permit Number:

Grantor(s)/Covenanter(s)/Owner(s):

Grantee/Covenantee: City of Richland

KNOW all men by these presents:

That, the undersigned, deposes and states the undersigned owns the property described by this certification; and does hereby certify that the undersigned resides at said property as the undersigned's permanent and principal residence. This certification is required by Chapter 23.42 of the Richland Municipal Code as a condition of the continued use of an accessory apartment unit located at the property described herein and commonly referred to as,

Address _____

Legal
Description _____

Section 1. Recitals.

- 1.1. The undersigned Grantor/Covenanter is/are the owner(s) ("Owner(s)") of or has/have a substantial interest in the value, use, enjoyment, and occupation of the real property legally described above ("Property").
- 1.2. The Grantee, the City of Richland, ("City") has a substantial interest in the safe and effective use of lands within its borders, and in the health, safety and welfare of its citizens.
- 1.3. The property contains a single family residential structure and either an attached or detached accessory apartment unit. The property serves as the principal residence of the owner(s).
- 1.4. The Owner(s) have made application to the City for a permit for an accessory apartment unit in accordance with the provisions of Title 23 of the Richland Municipal Code (RMC).
- 1.5. Before the City will issue any Permit for an accessory apartment unit, this Declaration of Accessory Apartment Unit Covenant must be signed, acknowledged and recorded in the records of Benton County as a restrictive covenant, restricting and limiting use of the Property.
- 1.6. This Covenant concerns the Grantor/Covenanter's use, occupation or enjoyment of the Property and benefits the City as Grantee/Covenantee. This Covenant is intended to bind successors and assigns and run with the land.

Section 2. Restrictions on Occupation, Use and Development of the Property

The following restrictions apply to the occupation, use and enjoyment of the Property:

- 2.1. The accessory apartment unit located on the property is permitted by the City of Richland subject to the regulations set forth in Chapter 23.42.020 RMC;
- 2.2. The Owner(s) shall comply with the regulations referenced in Section 2.1 and certify the owner occupancy of the principal residential structure on the Property; and
- 2.3. In the event there is a violation of any of the conditions for approval of the permit for the accessory apartment unit, the Owner(s), or their successors or assigns, shall remove from the Property any and all improvements that were installed to create an accessory apartment unit and completely restore the principal residential structure to a single family residence; and
- 2.4. Any successor or assign of the Owner(s) shall update the certification of owner occupancy of the principal residential restructure on the Property.

Application is hereby approved for an Accessory Apartment pursuant to Section 23.42.020 of the Richland Municipal Code.

Planning Staff Approval Signature

File No.: _____

IN WITNESS WHEREOF, the undersigned Owner(s), as Grantor(s)/Covenanter(s), have
executed this instrument dated this:

Date

Signature of Property Owner(s)

Signature of Property Owner(s)

State of Washington

ss)

County of Benton

I certify that I know or have satisfactory evidence that _____
is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they)
signed this instrument and acknowledged it to be (his/her/their) free and voluntary act for the
uses and purposes mentioned in the instrument.

Dated this _____ day of _____, 20 _____.

Signature of Notary Public

Printed Name

My appointment expires: _____