



## **CITY OF POQUOSON** **ACCESSORY DWELLING PERMIT APPLICATION**

Owner/Applicant Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Address of Accessory Building: \_\_\_\_\_

Principal Tenant of Accessory Dwelling:

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

Relationship to Owner: \_\_\_\_\_

Other Residents of Accessory Dwelling:

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

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

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

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

Are both the principal and accessory dwellings connected to City sewer? \_\_\_\_\_

What is the floor area of the principal dwelling?

\_\_\_\_\_ Square Feet

What is the floor area of the accessory dwelling?

\_\_\_\_\_ Square Feet

**500 City Hall Avenue**  
**Poquoson, Virginia 23662**