



PLANNING APPLICATION

Accessory Dwelling Unit(s) Address Assignment

Application #: ADDR - _____

Application Fee: \$285

APPLICANT INFORMATION:

Name: _____ Organization: _____

Telephone No: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PROPERTY OWNER INFORMATION:

Name: _____

Telephone No: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PROJECT INFORMATION:

EXISTING PROPERTY ADDRESS: _____

ADU PERMIT FILE NO (if applicable): _____

PROPOSED ADU/JADU : Attached to Existing Primary Dwelling Detached Re-Purposed Existing Space

Attach an 8 ½" x 11" exhibit depicting the location of the building(s) and/or structure(s)

I hereby certify, under penalty of perjury, that all of the foregoing information is true and correct and acknowledge that any false or misleading information shall be grounds for denial of this application. Furthermore, I agree to fully reimburse the City for the full cost of processing this application.

Applicant's Signature

Date

I hereby authorize the applicant, identified above, to file this application and represent me in matters related to its processing:

Property Owner's Signature

Date