



PLANNING APPLICATION

Accessory Dwelling Unit(s) Pursuant to [LFMC Sec. 9.146.050 \(D\)\(2\)](#)

PROJECT INFORMATION:

Address(s) of Primary Structure(s):

FOR CITY USE ONLY:

File No: _____

Date Submitted: _____

Application Fee: \$687

Zoning: _____

GP: _____

APN: _____

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: _____

Total square-footage of existing primary dwelling: _____

PROPOSED ADU/JADU #1: ☐ Attached to Existing Primary Dwelling ☐ Detached ☐ Re-Purposed Existing Space

Total square-footage: _____ No. of Bedrooms: _____

PROPOSED ADU/JADU #2: ☐ Attached to Existing Primary Dwelling ☐ Detached ☐ Re-Purposed Existing Space

Total square-footage: _____ No. of Bedrooms: _____

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

Application Status

☐ **Approved**

☐ **Approved with corrections (see attached)**

☐ **Denied**