



# ADUHEIM PLANNING APPLICATION

## PROJECT INFORMATION:

Project Address:

Accessory Dwelling Unit Address:

## APPLICANT INFORMATION:

Applicant Name:

Company Name:

Phone No:

E-mail Address:

Mailing Address:

City:

Zip Code:

*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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROPERTY OWNER INFORMATION:

Property Owner:

Company Name (if applicable):

Phone No:

E-mail Address:

Mailing Address:

City:

Zip Code:

Total Square Footage of Existing Primary Dwelling:

Total Existing Bedrooms:

Total Existing Bathrooms:

## PROPOSED ACCESSORY DWELLING UNIT:

Floor Plan Selected:

Elevation Style:

Total Square Footage:

Number of Bedrooms:

*I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including statements and answers contained herein, are in all respects true and correct. I HEREBY CERTIFY that I am the legal property owner of record or his/her authorized representative and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this Accessory Dwelling Unit Permit. I approve of the action requested.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR CITY USE ONLY:

Date Submitted:

Zoning:

General Plan:

APN:

Pre-Submittal Checklist Complete:

### APPLICATION STATUS:

Approved

Approved with Corrections (See attached)

Denied