



# PRE-APPROVED ADU PROGRAM

## Application

### APPLICANT'S INFORMATION

Applicant(s) Name (contact person):

Company/D.B.A:

Email:

Phone:

Mailing Address:

City:

State/Zip:

### ADU FEATURES

Unit Size (max 800 sq. ft.):	_____	All Electric:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Bedrooms:	_____	Solar Ready:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Bathrooms:	_____	ADA or Universal Design:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Building Height:	_____	Outdoor Amenities (i.e. porch, deck):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Stories:	_____	In-unit Laundry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### ADU DESCRIPTION

Provide a brief description of the proposed ADU for inclusion on City's webpage. Indicate if the unit is site-built or prefabricated (state-certified or federal-certified).

## APPLICANT AFFIDAVIT

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**Under penalty of perjury the following declarations are made:**

- **Applicant's Declaration.** I certify that I have read this application and state the above information is true and correct to the best of my knowledge. I understand that any information provided becomes part of the public record and can be made available to the public and posted to City websites.
- **Submittal Criteria.** I understand my preapproved ADU Plan Submittal must meet the minimum/maximum criteria as outlined in the Pre-Approved ADU Submittal Requirements and if the criteria are not met, my application will be rejected.
- **Timely Resubmittal of Additional Information.** If a request for additional information is made by the City, I understand that I must provide the additional information within 30 days, or as specified by the City, or my application will expire and not be approved.
- **Expiration of Application.** I understand if my application is not approved, or is expired, or withdrawn, at any stage in the review process, my application fees will not be refunded, and the City's review of my application will not continue. I may choose to apply again during the next preapproval open period.
- **Notification.** I understand that at the end of each ADU preapproval period, I will be notified of the City's decision to preapprove or not approve my plans. If my design is preapproved, the plans will be posted on the City's webpage along with my contact information for use by future clients.
- **No Right of Appeal.** I understand that any decision on this preapplication is final with no right of appeal.
- **Period of Validity.** I understand once an ADU plan is preapproved by the City, the preapproval will remain valid until the City adopts new building or zoning codes that apply to a preapproved ADU plan. The City will provide notice when such changes take place and how updated plans can be submitted. I understand I can make a request to the City to have my preapproved ADU plans removed from the City's webpage and plans will be removed within 30 days of the City receiving such a request.

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Applicant's Signature

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Date

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Applicant's Name (printed)

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Title (architect, etc.)