

AMNESTY ACCESSORY DWELLING UNIT PERMIT APPLICATION

CITY OF SAUSALITO
COMMUNITY DEVELOPMENT DEPARTMENT
 420 Litho Street | Sausalito, CA 94965

Instructions: This application is to apply for an Amnesty Accessory Dwelling Unit (ADU) Permit for an ADU constructed or established without City authorization prior to January 1, 2012 pursuant to Sausalito Municipal Code Section 10.44.080. All Accessory Dwelling Units constructed or established after January 1, 2012 may only be authorized via a new Accessory Dwelling Unit Permit. In order to be considered for an Amnesty ADU Permit, a complete application must be received by the City by March 31, 2014. Any unpermitted Accessory Dwelling Unit which does not receive city approval will be subject to code enforcement. Please complete all information required on pages 1-2 of this application. The property owner and applicant must provide signatures and certifications on page 3.

General Information – TO BE COMPLETED BY APPLICANT

Property Address:	Street: _____ State: ____ Zip Code: ____
	APN: _____ - _____ - _____ Zoning District: _____
Property Owner:	Name: _____ Phone Number: _____
	Mailing Address: Street: _____ State: ____ Zip Code: ____
	Email Address: _____
Applicant:	Name: _____ Phone Number: _____
	Mailing Address: Street: _____ State: ____ Zip Code: ____
	Email Address: _____
Parcel Size:	_____ square feet
Parking:	Number of Spaces on Parcel: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____
Primary Units:	Number of Primary Units on Parcel: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> _____

Amnesty Accessory Dwelling Unit (ADU) Information – TO BE COMPLETED BY APPLICANT

What date was the ADU established?	_____
Does the ADU have an entrance which is separate from the primary unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Where is the entrance to the ADU located?	_____
Distance from the ADU to the property lines: North: ____ feet West: ____ feet East: ____ feet South: ____ feet	_____
Height of ADU from average natural grade: ____ feet	_____
Amount of building coverage added as a result of ADU: _____ square feet	_____
Amount of floor area added as a result of ADU: _____ square feet	_____
Amount of impervious surfaces added as a result of ADU: _____ square feet	_____
Number of unobstructed off-street parking spaces assigned to ADU:	_____
Location of unobstructed off-street parking spaces to property lines:	_____
Number of bedrooms in the ADU:	_____

Existing Primary Unit Information – TO BE COMPLETED BY APPLICANT

Primary Unit	Address	Living Area Size (Square Feet)	Number of Parking Spaces for Unit	Size of Parking Spaces for Unit
1:				
2:				
3:				
4:				

(Use a separate sheet for additional primary units)

	<i>For Staff Use Only</i>
Planning Application No.: _____	Date Received: _____
Amount Received: _____	
Receipt No.: _____	

Compliance with Development Standards

Item	TO BE COMPLETED BY APPLICANT			STAFF USE ONLY	
	Existing Site Conditions Not Including ADU	ADU Conditions	Total	Required	Compliance?
Parcel Size	_____ s.f.	_____ s.f.	_____ s.f.	_____ s.f.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setbacks					<input type="checkbox"/> Yes <input type="checkbox"/> No
North	_____ feet	_____ feet	_____ feet	_____ feet	<input type="checkbox"/> Made legal non-conforming
West	_____ feet	_____ feet	_____ feet	_____ feet	<input type="checkbox"/> Is legal non-conforming
East	_____ feet	_____ feet	_____ feet	_____ feet	
South	_____ feet	_____ feet	_____ feet	_____ feet	
Height (from average natural grade)	_____ feet	_____ feet	_____ feet	_____ feet	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Made legal non-conforming <input type="checkbox"/> Is legal non-conforming
Building Coverage					<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Covered	_____ s.f.	_____ s.f.	_____ s.f.	_____ s.f. _____ %	<input type="checkbox"/> Made legal non-conforming
Percent of Parcel	_____ %	_____ %	_____ %		<input type="checkbox"/> Is legal non-conforming
Floor Area					<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Covered	_____ s.f.	_____ s.f.	_____ s.f.	_____ s.f. _____ %	<input type="checkbox"/> Made legal non-conforming
Percent of Parcel	_____ %	_____ %	_____ %		<input type="checkbox"/> Is legal non-conforming
Impervious Surfaces					<input type="checkbox"/> Yes <input type="checkbox"/> No
Area Covered	_____ s.f.	_____ s.f.	_____ s.f.	_____ s.f. _____ %	<input type="checkbox"/> Made legal non-conforming
Percent of Parcel	_____ %	_____ %	_____ %		<input type="checkbox"/> Is legal non-conforming
Parking	_____ spaces	_____ spaces	_____ spaces	_____ spaces	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Made legal non-conforming <input type="checkbox"/> Is legal non-conforming

Compliance with Accessory Dwelling Unit Standards

Item	TO BE COMPLETED BY APPLICANT		STAFF USE ONLY		
	Acknowledgement of ADU Standards		Yes	No	Compliance?
Location	Is the parcel in an R-1-20, R-1-8, R-1-6, R-2-5, R-2-2.5 or R-3 Zoning District?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Access & Facilities	Does the ADU have a separate entrance?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the ADU have a separate kitchen with a sink; a refrigerator of more than five cubic feet capacity; and a range or cooktop?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the ADU have a separate bathroom facility?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner Restrictions	For ADUs in R-1-20, R-1-8, R-1-6 Zoning Districts, will the property owner occupy either the primary unit or accessory dwelling unit as their primary residence?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

STATEMENT OF PROPERTY OWNERSHIP AND ACKNOWLEDGEMENT & CERTIFICATION OF APPLICATION.

Property Address: _____
Assessor's Parcel Number: _____

Property Owned by Individual(s)

I, _____, hereby state under penalty of perjury under the laws of the State of California that I am the record owner of the above-described subject property. I authorize the applicant designated in this application to act as my representative during consideration of this project by the City. I agree to be responsible for all costs incurred in connection with the processing of my application and appeals, if any. I furthermore acknowledge that if the Amnesty Accessory Dwelling Unit Permit is approved and the subject property is located in an R-1-20, R-1-8 or R-1-6 Zoning District I must occupy either the primary unit or accessory dwelling unit as my primary residence.

I understand that the contents of this document are a Public Record.

Signature of Owner _____ Date _____

Property Owned by a Trust, LLC, Corporation, Partnership, or Other Entity

For a property owned by a trust, please attach the trust document or a certificate of trust, including any attachments thereto. For an LLC, corporation, partnership, or other entity, please attach proof of ownership and certification of the signer's authorization to enter into contracts on behalf of the entity.

I/We, _____, hereby state under penalty of perjury under the laws of the State of California that the above-described subject property is owned by a trust, LLC, corporation, partnership, or other entity and that my/our signature/s on this application has/have been authorized by all necessary action required by the LLC, corporation, partnership, or other entity. I/We authorize the applicant designated in this application to act as my/our representative during consideration of this project by the City. I/We furthermore acknowledge that if the Amnesty Accessory Dwelling Unit Permit is approved and the subject property is located in an R-1-20, R-1-8 or R-1-6 Zoning District I/We must occupy either the primary unit or accessory dwelling unit as my/our primary residence.

I/We understand that the contents of this document are a Public Record.

Signature _____ Date _____ Signature _____

Date _____

Title _____ Title _____

Trustee(s) Partners: Limited or General Corporation Other

Name of trust, LLC, corporation, or other entity: _____

Applicant Signature

I, _____, hereby make application for approval of the accessory dwelling unit permit requested. I have read this application and hereby certify that the statements furnished above and in the attached exhibits present the data and information required for the accessory dwelling unit to the best of my ability, and that the facts, statements and information presented are true and correct to the best of my knowledge and belief. I understand that the contents of this document are a Public Record.

Signature of Applicant _____ Date _____