

ACCESSORY DWELLING UNIT APPLICATION



<p>STAFF USE ONLY</p> <p><input type="checkbox"/> WITHIN EXISTING HOUSE OR ACCESSORY LIVING QUARTERS</p> <p><input type="checkbox"/> GARAGE CONVERSION</p> <p><input type="checkbox"/> OTHER _____</p> <p><input type="checkbox"/> ADU ATTACHED <input type="checkbox"/> ADU DETACHED</p>	<p><input type="checkbox"/> ADU PARKING REQUIRED</p> <p><input type="checkbox"/> ADU PARKING NOT REQUIRED</p> <p><input type="checkbox"/> _____</p> <p>CASE NO. _____</p> <p>DATE _____</p>
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All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (name noted on your Application Instructions). A case planner will be assigned to your project after the application is officially submitted. Please complete (PRINT or TYPE) the following information:

PART 1 - PROPERTY INFORMATION

A. Project Address

B. Zone(s) / District(s)

PART 2 - APPLICANT INFORMATION

A.

First Name	Last Name				
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B.

Street Address	City	State	Zip Code	Area Code - Phone Number
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C.

Email Address

PART 3 - PROJECT INFORMATION

<p>A. ADU Location</p> <p><input type="checkbox"/> Within existing residence</p> <p><input type="checkbox"/> Within existing guest house</p> <p><input type="checkbox"/> Garage conversion</p> <p><input type="checkbox"/> New construction detached from SFR</p> <p><input type="checkbox"/> New construction attached to SFR</p> <p><input type="checkbox"/> Other _____</p>	<p>B. Parking</p> <p><input type="checkbox"/> Providing parking for house</p> <p><input type="checkbox"/> Providing parking for ADU</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> No parking required for ADU</p> <p><input type="checkbox"/> ½ mile of transit</p> <p><input type="checkbox"/> historic district</p> <p><input type="checkbox"/> ADU w/in (E) SFR or (E) accessory living quarters</p>
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C. Historic

Within Historic District

Mills Act Contract

C. ADU project description/applicant request (include scope of work, i.e., existing square footage, change of windows/ doors/ materials, etc.)

Note:

1. By submitting this application, the Applicant agrees that the reduced plans may be duplicated and/or distributed to the public through various mediums, including electronic posting on the City of Glendale website. Applicant waives any and all claims he/she may have as a result of the City's distribution of the reduced plans.
2. The applicant must have authority from the property owner to commit to changes, if any, that may be required by Planning Staff to comply with ADU criteria.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION

1. _____ Property Owner's Name - Please Print	2. _____ Property Owner's Name - Please Print
_____ Property Owner's Signature	_____ Property Owner's Signature
_____ Property Owner's Street Address if not applicant	_____ Property Owner's Street Address if not applicant
_____ City	_____ City
_____ State	_____ State
_____ Zip Code	_____ Zip Code
_____ Area Code - Phone No.	_____ Area Code - Phone No.
_____ Date	_____ Date

SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER

1. _____ Applicant's Name - Please Print	2. _____ Applicant's Name - Please Print
_____ Applicant's Signature	_____ Applicant's Signature
_____ Date	_____ Date

FOR STAFF USE ONLY	Date Stamp
Date received in Permit Services Center _____	
Received by _____	