



CONTRA COSTA COUNTY
Department of Conservation & Development
Community Development Division

ACCESSORY DWELLING UNIT APPLICATION

TO BE COMPLETED BY OWNER OR APPLICANT

OWNER Name _____ Address _____ City, State/Zip _____ Phone _____ email _____ By signing below, owner agrees to pay all costs, including any accrued interest, if the applicant does not pay costs. <input type="checkbox"/> Check here if billings are to be sent to applicant rather than owner. Owner's Signature _____	APPLICANT Name _____ Address _____ City, State/Zip _____ Phone _____ email _____ By signing below, applicant agrees to pay all costs for processing this application plus any accrued interest if the costs are not paid within 30 days of invoicing. Applicant's Signature _____
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CONTACT PERSON (optional) Name _____ Address _____ City, State/Zip _____ Phone _____ email _____	PROJECT DATA Total Parcel Size: _____ Proposed Number of Units: _____ Proposed Square Footage: _____ Estimated Project Value: _____
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Project description (attach supplemental statement if necessary):

↓ **FOR OFFICE USE ONLY** ↓↓ **FOR OFFICE USE ONLY** ↓↓ **FOR OFFICE USE ONLY** ↓

Project description:

Property description:

Ordinance Ref.:	TYPE OF FEE	FEE	CODE	Assessor's #:
Area:	*Base Fee/Deposit (2 nd unit)	\$1,000	S-027A	Site Address:
Fire District:	*Base Fee/Deposit (Variance)	\$1,000	S-044	Zoning District:
Sphere of Influence:	Late Filing Penalty (+50% of above if applicable)		S-066	Census Tract:
Flood Zone:	Notification Fee		S-052	Atlas Page:
Panel Number:	Fish & Game Posting (if not CEQA exempt)		S-048	General Plan:
x-ref Files:	Environmental Health Dept.		5884	Substandard Lot: YES <input type="checkbox"/> NO <input type="checkbox"/>
	Other:			Supervisorial District:
				Received by:
Concurrent Files:	TOTAL	\$		Date Filed:
	Receipt		#	File #SU
	*Additional fees based on time and materials will be charged if staff costs exceed base fee.			

INSTRUCTIONS ON REVERSE