



CITY OF THOUSAND OAKS
COMMUNITY DEVELOPMENT DEPARTMENT
ACCESSORY DWELLING UNIT APPLICATION

Receipt No. _____

ADU No. _____

[] JUNIOR-Proposed Size: _____ S.F. [] ATTACHED-Proposed Size: _____ S.F. [] DETACHED-Proposed Size: _____ S.F.

Main Dwelling Address (street and zip code)

Name of Property Owner

Name of Applicant (if different from property owner)

Applicant Mailing Address (if different the property address)

Phone Number Email Address

Please provide the information below as completely as possible:

Will the garage be converted? [] Yes/[] No

If yes, what is the conversion size? _____

I attest that I am the owner of the address for which this permit is requested and that the foregoing is true and correct to the best of my knowledge and that I have read, understand, and agree to comply with all of the conditions and standards stated in Sections 9-4.2521 of the Thousand Oaks Municipal Code (Accessory Dwelling Units). I understand that to violate any of the requirements of said sections may result in the revocation of my permit.

NOTE: An Accessory Dwelling Unit permit can be issued with City's development standards imposed to protect adjacent residents and guarantee the preservation of the residential character of the neighborhood. It can only be issued to the resident of the property for which the Accessory Dwelling Unit permit is requested.

Signature of Property Owner Date

(FOR DEPARTMENT USE ONLY)

The above application is / is not approved based on the requirements for Accessory Dwelling Units as set forth in Section 9-4.2521 and 9-4.2521.1 of the Thousand Oaks Municipal Code, and any special notes listed in this section of the form.

Special Notes (include parking requirements):

Is subject property located within 1/2 a mile of public transportation? [] Yes/[] No

City Official:
Name:
Title: Date:

