



Accessory Dwelling Unit (ADU) and/or Single Family Residence (SFR) Questionnaire

Site Address: _____ Application Date: _____

NEW SFR PLAN REVIEW (Complete if applicable)

PROPOSED FEATURES	Number of bedrooms: <input type="checkbox"/> Studio <input type="checkbox"/> 1-Bedroom <input type="checkbox"/> 2-Bedroom <input type="checkbox"/> 3-Bedroom OR <input type="checkbox"/> _____-Bedroom
	Purpose of SFR? <input type="checkbox"/> Personal Use OR <input type="checkbox"/> Rental Unit: Rent Amount \$ _____
	Square Footage of SFR: _____

NEW ADU (Complete if applicable)

PROPOSED FEATURES	Type of ADU (check all that apply): <input type="checkbox"/> Attached OR <input type="checkbox"/> Detached <input type="checkbox"/> New Construction and not entirely within existing space OR <input type="checkbox"/> Conversion of existing space
	Number of bedrooms: <input type="checkbox"/> Studio <input type="checkbox"/> 1-Bedroom <input type="checkbox"/> 2-Bedroom <input type="checkbox"/> 3-Bedroom OR <input type="checkbox"/> _____-Bedroom
	Purpose of ADU? <input type="checkbox"/> Personal Use OR <input type="checkbox"/> Rental Unit: Rent Amount \$ _____
	Square Footage of ADU: _____