

PROJECT INFORMATION

## **COMMUNITY DEVELOPMENT**APPLICATION FOR ACCESSORY DWELLING UNIT

44933 N. Fern Avenue Lancaster, CA 93534 (661)723-6144 www.cityoflancasterca.org

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## PLEASE PRINT CLEARLY

ADU Applications will be deemed "submitted" when this application and the plans have been received, and all review fees have been paid.

Property Address:	ber (APN):									
Property Owner's Name:										
Property Owner's Address:										
Construction Type:			ADU Square Footage:							
Do you plan to rent out the	Approx. Monthly Rent: \$									
		l								
TYPES OF ACCESSORY DWELLING UNIT PROPOSED										
New Attached	hed		Junior Accessory Dwelling Unit							
Conversion/Rebuild of Living Conversion/Rebuild of Accessory Area and/or Attached Garage Structure and/or Detached Garage										
TO BE COMPLETED BY APPLICANT STAFF USE ONLY										
Site Development Standard	ADU Requirement	Existing Residence		Proposed ADU	Compliance Verification					
Building Height	Detached: 18' max, 20' with roof pitch Attached: 25' max		ft	ft						
Front Setback* (Applies to ADUs over 800 SF)	RR-2.5: 40' min RR1/SRR: 30' min R-15,000: 20-32' min R-10,000: 16-28' min		£	4						
Rear Setback	<b>R-7,000:</b> 14-26' min 4' min		ft	ft	П					
Side Setback	4' min		ft ft	ft ft						
Setback from Primary Residence (If Detached)	6' min		ft	ft						
Square Footage	<b>Detached</b> : 1,200 SF max <b>Attached</b> : Max 50% of primary residence, not restricting under 800 SF		ft	ft						
Lot Coverage (Applies to ADUs over 800 SF)	RR-2.5: 30% max RR1/SRR: 40% max R-15,000/10,000: 40% max R-7,000: 50% max	(	%	%						
Parking for ADU (New Construction Only)	One 10' by 20' space, in a garage or carport or on a driveway									

APPLICANT			ENGINEER/ARCHITECT					
Name:			Name:					
Address:			Address:					
City: Sta	ate:	Zip:	City:	State:	Zip:			
Phone:			Phone:					
Email:			Email:					
I DO BY MY SIGNATURE ON TH	HIS AGREEN	1ENT absolve	the City of Lancaster of all liabili	ties regardi	ing any deed			
restrictions that may be applicable to the property described herein.								
Applicant Name:			Signature: Lancaste	r Resid	lent Date:			
PROPERTY OWNER'S CONS	SENT							
I/We, Lancaster Resident			(Print), declare under penalty	of perjury t	that I/we am/are the			
owner(s) of property involve	ed in this ap	plication an	d that the foregoing statements	and answe	ers herein contained			
and the information herewith	n submitted	are in all res	pects true and correct to the bes	st of my kno	wledge and belief.			
Property Owner Name:		Signature:	Date:					
Lancaster Resident			Signature: Lancaster Residen	it	12/20/23			
Property Owner Name:			Signature:		Date:			
Property Owner Name:			Signature:		Date:			
Property Owner Name:			Signature:		Date:			
Property Owner Name:			Signature:		Date:			
ACKNOWLEDGMENT								
	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.							
State of California County of Los Angeles		_)						
December 20,2023		Notary Pu	hlic					
On	before me, personally appeared personally appeared							
Lancaster Resident	ncaster Resident (insert name and title of the officer)  , who proved to me on the basis of satisfactory							
evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that								
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument								
the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.								
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.								
WITNESS my hand and official se	eal.							
YOUR NAME HERE COMM. #123456 Z COMM #123456 Z Notary Public California Los Angeles County My Comm. Expires Aug. 11, 2018								
Signature Notary Public (Seal) EXAMPLE								