



**ACCESSORY DWELLING UNIT (ADU)  
PROJECT INFORMATION QUESTIONNAIRE**

**General Information**

1. Applicant (name and address): \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Project Location (address and cross streets): \_\_\_\_\_  
\_\_\_\_\_

**Existing Conditions**

3. Existing zoning: \_\_\_\_\_

Additive zone: \_\_\_\_\_

Specific plan area: \_\_\_\_\_

4. Adjacent zoning and land uses:

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

5. From what source does the property currently receive the following public services?

Water: \_\_\_\_\_

Sewer: \_\_\_\_\_

6. How many acres and/or square feet is the property? \_\_\_\_\_

7. How many square feet is the primary structure (do not include garage)? \_\_\_\_\_

8. How many bedrooms is the primary structure? \_\_\_\_\_

- 9. How many stories are the existing structures? \_\_\_\_\_
- 10. How many square feet is the garage? \_\_\_\_\_
- 11. Is the garage attached or detached? \_\_\_\_\_
- 12. Total square footage of other structures on the property? \_\_\_\_\_
- 13. Total square footage of paving and/or hardscape on the property? \_\_\_\_\_
- 14. Total square footage of landscaped areas? \_\_\_\_\_

**Project Description**

- 15. Describe the proposed ADU to be constructed (i.e. conversion, addition, new structure, divide house, number of bedrooms, etc)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 16. What is the square footage of the proposed ADU? \_\_\_\_\_

- 17. Divide item 16 by item 7 and enter the answer here (must be less than 0.50). \_\_\_\_\_

- 18. Pursuant to Oxnard Municipal Code §16-467(K), “The primary residence or the accessory dwelling unit shall be occupied by the property owner.” Will the owner occupy one of the units and if so, which unit will be occupied by the owner?

Yes                      No

\_\_\_\_\_

- 19. Will either the primary unit or the accessory unit be offered for rent? If so, which will be offered and what is the anticipated rental rate?

Yes                      No

\_\_\_\_\_

- 20. Total number of off-street parking spaces proposed:

Garage: \_\_\_\_\_                      Open (uncovered): \_\_\_\_\_

**Certification**

I hereby certify that the statements furnished above, and in the attached exhibits, present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements and information presented are true and correct to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature