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. Is the property part of a home owners association? _________________________________
5. How many acres and/or square feet is the property? ________________________________
6. How many square feet is the primary structure (do not include garage)? ________________
7. How many bedrooms is the primary structure? _____________________________________
8. How many stories are the existing structures? ______________________________________
9. How many square feet is the garage? _____________________________________________
10. Is the garage attached or detached? _____________________________________________
11. Total square footage of other structures on the property? ___________________________
12. Total square footage of paving and/or hardscape on the property? _____________________
13. Total square footage of landscaped areas? ________________________________________

Project Description
14. Describe the proposed ADU to be constructed (i.e. conversion, addition, new structure, divide
    house, number of bedrooms, etc)? ________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________
15. What is the square footage of the proposed ADU? ________________________________

16. Divide item 15 by item 6 and enter the answer here (must be less than 0.50). ______________

17. 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?

______________________________________________________________________________

18. Will either the primary unit or the accessory unit be offered for rent? If so, which will be offered?

_____________________________________________________________________________________

19. What is the anticipated monthly rental rate for the unit to be rented (please check one)?

*The State of California requires that we collect and report this information to determine if the City of Oxnard is meeting State Housing requirements. Your answer has no impact on whether your project is approved.*

<table>
<thead>
<tr>
<th>Unit Size</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studio/1 BDR</td>
<td>□ $525 to $875</td>
</tr>
<tr>
<td>2 BDR</td>
<td>□ $600 to $1,000</td>
</tr>
<tr>
<td>3 BDR</td>
<td>□ $675 to $1,125</td>
</tr>
<tr>
<td>☐ No rent to be charged</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

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