



**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.*

Unit Size	Rates					
Studio/1 BDR	<input type="checkbox"/>	\$525 to \$875	<input type="checkbox"/>	\$876 to \$1,399	<input type="checkbox"/>	\$1,400 to \$1,875
2 BDR	<input type="checkbox"/>	\$600 to \$1,000	<input type="checkbox"/>	\$1,001 to \$1,599	<input type="checkbox"/>	\$1,600 to \$2,143
3 BDR	<input type="checkbox"/>	\$675 to \$1,125	<input type="checkbox"/>	\$1,126 to \$1,799	<input type="checkbox"/>	\$1,800 to \$2,411
	<input type="checkbox"/>	No rent to be charged	<input type="checkbox"/>	Other	\$ _____	

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