

City of Hollister Community Development Department

339 Fifth Street, Hollister CA (831) 636-4360 planning@hollister.ca.gov

For Department Use Only
Date Received:

Application No.

SINGLE FAMILY ACCESSORY DWELLING UNIT APPLICATION

		APF	PLICAN	ΓΑΝΙ	D PRO	PER'	TY OWN	ER INF	ORMAT	ION					
Applicant Name															
Mailing Address															
City								State			ZIP				
Email											Phone				
Property Owner Nam	ne														
Property Owner Pho	ne						Property	Owne	er Email						
PROPERTY INFORMATION															
Site Address															
Assessor Parcel Num	ber (APN)													
Zoning District						(General	Plan D	esignati	on					
Size of Lot (SF)						9	Size of N	1ain Ur	nit (SF)						
Is the property locate	ed in any	of the	e follow	/ing?											
Alquist-Priolo Seismi	c Zone		No		Yes										
Flood Hazard Zone			No		Yes		If	yes, Zo	ne(s):						
Historic District			No		Yes (Sele	ct One)		Monter	ey D	istrict		Down	town D	istrict
			ACCES:	SORY	DWE	LLIN	G UNIT I	NFORM	MATION						
Existing Lot Coverage	e (%):					ı	Propose	d Lot C	overage	(%)	:				
Type of proposed AD	U:		Atta	ched	Conv	ersi	on		☐ Atta	ache	d New	Cons	tructi	on (Ad	dition)
			□ Deta	ache	d Conv	versi	on		☐ Det	ache	ed New	Cons	struct	ion	
ADU Size (SF):		S	Size of addition (SF): ADU Height (Ft):												
		lj	f proposin	g an a	ddition to		ting structu								
# of Existing Parking	Spaces:					# o	f Parking	g Space	es Propo	sed:					
# of bedrooms:			□ Stud	dio		1 B	edroom		2 Bed	roor	ns		3 Bed	rooms	
<u>Proposed Rent</u> : The City of Hollister is interested in understanding the rental market for newly developed ADUs. Providing information on the proposed rent for your new ADU, even if tentative, helps us to understand affordability levels of these new units, and how ADUs aid in meeting our affordable housing goals. You may input your proposed rent or rent range or select one of the ranges below based on the number of bedrooms of your unit. <u>Please note that providing tentative rental information has no effect on the processing of your application, and you will have no obligation toward any information you provide. We greatly appreciate if you are able to provide an <u>estimation</u>.</u>															
Min. \$	/m	onth	Ма	ıx. \$			/	/month	1		Prefei	r not i	to say	/	
Studio Monthly Rent	<u> </u>						1-Bedi	room N	Monthly	Ren	ıt				
-	\$737-\$1,	226		\$1,2	27-1,4	172	\$0-\$	841	•	\$84	2-\$1,40	01		\$1,402	2-1,682
\$1,473-\$2,699 Greater t			than \$2,699				\$1,6	83-\$3,							
2-Bedroom Monthly Rent						1	3-Bedroom Monthly Rent								
•	\$947-\$1,	577		\$1,5	78-1,8	393		1,051	•		052-\$1	,752		\$1,753	3-2,103
	Greater t			•				04-\$3,	.855		ater th		3,855		

APPLICANT'S SIGNATURE & AFFIDAVIT

As part of this application the applicant hereby agrees to defend, indemnify and hold harmless the City of Hollister, its Council, boards and commission, officers, employees, volunteers and agents from any claim, action, or proceeding against the City of Hollister, its Council, boards and commission, officers, employees, volunteers and agents, to attack, set aside, void or annul an approval of the application or related decision, including environmental documents, or to challenge a denial of the application or related decisions. The applicant's duty to defend, indemnify and hold harmless shall be subject to the City promptly notifying the applicant of said claim, action or proceeding and the City's cooperation in the applicant's defense of said claims, actions or proceedings. The City of Hollister shall have the right to appear and defend its interest in any action through the City Attorney or outside counsel. The applicant shall not be required to reimburse the City for attorney's fees incurred by the City Attorney or its outside counsel if the City chooses to appear and defend itself in the litigation.

By Signing Below, I hereby certify that the application I am submitting, including all additional required information, is complete and accurate to the best of my knowledge. I understand that any misstatement or omission of the requested information or of any information subsequently requested may be grounds for rejecting the application, deeming the application incomplete, denying the application, suspending or revoking a permit issued on the basis of these or subsequent representations, or for the seeking of such other and further relief as may seem property by the City of Hollister.

Applicant Signature:	Date:

PROPERTY OWNER SIGNATURE & AFFIDAVIT

By signing below, I hereby certify under penalty of perjury, that I am the owner of record of the property described herein and that I consent to the action requested herein. All other owners, lenders or other affected parties on the title to the property have been notified of the filing of this application. Further, I hereby authorize City of Hollister employees and officers to enter upon the subject property, as necessary to inspect the premises and process this application.

In order to facilitate the public review process, the City requires that property owners agree to allow any plans or drawings submitted as part of the application to be copied for members of the public. Property owner(s) hereby agree to allow the City to copy the plans or drawings for the limited purpose of facilitating the public review process.

Property Owner Signature:	Date:

ARCHITECT / DESIGNER / ENGINEER SIGNATURE

In order to facilitate the public review process, the City requires that architects and engineers agree to allow any plans or drawings submitted as part of the application to be copied for members of the public. Architect/Engineer hereby agrees to allow the City to copy the plans or drawings for the limited purpose of facilitating the public review process.

Signature:	Date:
Name:	Relation to Project/Title:
Signature:	Date:
Name:	Relation to Project/Title: