



City of Hollister

Development Services Department

339 Fifth Street, Hollister CA (831) 636-4360

For Department Use Only
Date Received:

Application No.

MULTI-FAMILY ACCESSORY DWELLING UNIT APPLICATION

APPLICANT AND PROPERTY OWNER INFORMATION

Applicant Name					
Mailing Address					
City		State		ZIP	
Email				Phone	
Property Owner Name(s)					
Property Owners Address					
City		State		ZIP	
Property Owner Phone			Property Owner Email		

PROPERTY INFORMATION

Site Address					
Assessor Parcel Number (APN)					
Zoning District		General Plan Designation			
Size of Lot (SF)		# of Existing Units			

Is the property located in any of the following?

Alquist-Priolo Seismic Zone	☐ No ☐ Yes				
Flood Hazard Zone	☐ No ☐ Yes If yes, Zone(s):				
Historic District	☐ No ☐ Yes (Select One) ☐ Monterey District ☐ Downtown District				

ACCESSORY DWELLING UNIT INFORMATION

Existing Lot Coverage (%):	Proposed Lot Coverage (%):
# of Existing Parking Spaces:	# of Proposed Parking Spaces:
Existing Open Space (Total, SF):	Proposed Open Space (Total, SF):

Complete the Following information for each ADU proposed. Attach additional sheets as necessary.

Note: Existing multi-family properties are permitted to construct up to two, detached ADUs and/or convert non-habitable space within the multifamily structure into ADUs. For conversion, the number of ADUs permitted is up to 25% of the existing multi-family units, or 1 unit, whichever is greater.

ADU Information				Unit Number/ID	
Type of ADU	☐ Detached New Construction ☐ Conversion of Non-livable Space Within the Multi-Family Building				
# of proposed bedrooms	☐ Studio ☐ 1 Bedroom ☐ 2 Bedrooms ☐ 3 Bedrooms				
Proposed Rent 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 helps us to meet our affordable housing goals. You may input your proposed rent or rent range in the box to the right or select one of the ranges below based on the number of bedrooms of your unit.				Min. \$ /month	
				Max. \$ /month	
				Prefer not to say	
Studio Monthly Rent \$0-\$736 \$737-\$1,226 \$1,227-1,472 \$1,473-\$2,699 Greater than \$2,699			1-Bedroom Monthly Rent \$0-\$841 \$842-\$1,401 \$1,402-1,682 \$1,683-\$3,084 Greater than \$3,084		
2-Bedroom Monthly Rent \$0-\$946 \$947-\$1,577 \$1,578-1,893 \$1,894-\$3,470 Greater than \$3,470			3-Bedroom Monthly Rent \$0-\$1,051 \$1,052-\$1,752 \$1,753-2,103 \$2,104-\$3,855 Greater than \$3,855		

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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:*****For Department Use Only*****Date Filed:****Application #:****Receipt #:****Application Fee: \$987.93**